

STATE OF CALIFORNIA

CORPORATION

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20241093651

For Office Use Only



File No.: BA20241093651 Date Filed: 6/6/2024

| | 1500 11th Sacramei (916) 657 | nto, Ca | alifornia 95814 | | | Date Filed: 6/6/2024 | |
|---|------------------------------------|---------|---|---|---------------------------|--|--|
| | | | | | | | |
| Entity Details | | | | | | | |
| Corporation Name | | | | | MOBILE MED SPA | | |
| Entity No. Formed In | | | | | 4591944 CALIFORNIA | | |
| | | | | CAL | | | |
| Street Address of Principa Principal Address | al Office of | Corpo | ration | 210 | SOUTH GLENDALE A | VENILE | |
| Thicpar Address | | | | | GLENDALE, CA 91205 | | |
| Mailing Address of Corpo | ration | | | | | | |
| Mailing Address | | | | | P.O. BOX 16758 | | |
| Attention | | | | | BEVERLY HILLS, CA 90209 | | |
| | | | | | | | |
| Street Address of Califorr Street Address of (| | • | | 219 SOUTH GLENDALE AVENUE | | | |
| Stieet Address of C | camornia | a Onic | | GLENDALE, CA 91205 | | | |
| Officers | | | | | | | |
| Officer Name | | | Officer Address | | P | osition(s) | |
| HOMAYOUN SHA | | PO | BOX 16758 | Chief Executive Officer, Secretary, Chief Financial Officer | | | |
| | | | ERLY HILLS, CA 90209 | Chief Excourse Childer, Ceoretary, Chief Finlandia Chief | | | |
| | | | | | | | |
| Additional Officers | | | | | | | |
| Officer Name | | | Officer Address | | Position | Stated Position | |
| | | | None | Entere | d | | |
| | | | | | | | |
| Directors | | | | 1 | | | |
| Director Name | | | | Director Address | | | |
| HOMAYOUN SHARIM | | | | P.O. BOX 16758 BEVERLY HILLS, CA 90209 | | | |
| The number of vac | ancies o | n Boa | ard of Directors is: 0 | - | | | |
| Agent for Service of Proce | ess | | | | | | |
| Agent Name | | | | HOMAYOUN SHARIM | | | |
| Agent Address | | | | 219 SOUTH GLENDALE AVENUE GLENDALE, CA 91205 | | | |
| Type of Business | | | | | | | |
| Type of Business | | | | MEC | DICAL SERVICES | | |
| Email Notifications | | | | | | | |
| Opt-in Email Notific | cations | | | Yes, | I opt-in to receive entit | ty notifications via email. | |
| | | | prporation has an outstandin for which no appeal therefrom | | | ne Division of Labor Standards n of any wage order or | |

provision of the Labor Code.

| authorized by California law to sign. |
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