2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N00000000793** HEALTH AND LIFE EDUCATIONAL ENTERPRISES, INC. Principal Place of Business Mailing Address 313 CANTERBURY DR W 313 CANTERBURY DR W WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent TerriRose

CORPORATE CREATIONS ENTERPRISES INC.

FILE NOW: FEE IS \$61.25

313 CANTERBURY DR W

DOUGLAS VILLE GA 30135

1443 PALM BEACH LAKES BLVD.

West Palm Beach Fl 33401

BROWN, LARRY :- :-

GRIMES, MELANIE

3946 OAK PL

WEST PALM BEACH FL 33407

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

941 FOURTH STREET #200

MIAMLBÉACH FL 33139

PD

SD

ROSE, TERRI

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME -STREET ADDRESS

TITLE

NAME

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

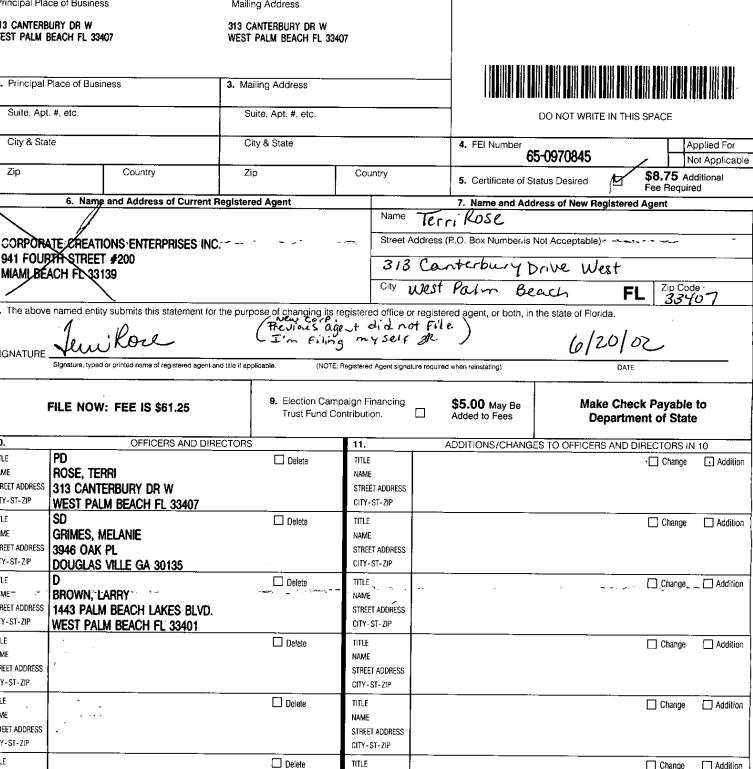
CITY-ST-ZIP

CITY-ST-ZIP

10.

FILED Jun 26, 2002 8:00 am Secretary of State

06-26-2002 90058 001 *****8.75 06-26-2002 90058 002 ****61.25



(9/01)

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Trust Fund Contribution.

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

SIGNATURE:

Kore Required

6/20100