

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000135355

FILED
May 01, 2003
Secretary of State

Entity Name: WELLNESS ASSOCIATION, INC.

Current Principal Place of Business:

1700 NW 58 TERRACE #3H
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

1700 NW 58 TERRACE #3H
SUNRISE, FL 33313

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAN, B
4164 INNVARARY DR APT 304
TAMARAC, FL 33313 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CINORD, CHRISIFOR
Address: 1700 NW 58 TERRACE #3H
City-St-Zip: SUNRISE, FL 33313

Title: SD () Delete
Name: CINORD, FELICITE
Address: 1700 NW 58 TERRACE #3H
City-St-Zip: SUNRISE, FL 33313

Title: VD () Delete
Name: LEVASSEUR, DAVIDSON
Address: 1700 NW 58 TERRACE #3H
City-St-Zip: SUNRISE, FL 33313

Title: TD () Delete
Name: PIERRE, KERLINE
Address: 1700 NW 58 TERRACE #3H
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CINORD, CHRISTIFOR
Address: 1700 NW 58 TERRACE #3H
City-St-Zip: SUNRISE, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LEVASSEUR, DAVIDSON
Address: 955 NE 171 STREET # 123
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD (X) Change () Addition
Name: ROBERT, PIERRE
Address: 1700 NW 58 TERRACE #3H
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINORD CHRISTIFOR

PD

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date