

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000047759**

1. Entity Name

BETWEEN HEAVEN & EARTH HEALTH CENTER, INC.**FILED****Apr 22, 2000 8:00 am**
Secretary of State

04-22-2000 90026 028 ***150.00

Principal Place of Business

Mailing Address

5333 NW 53RD CT.
SUNRISE FL 333519333 NW 53RD CT.
SUNRISE FL 33351-7719

2. Principal Place of Business

3. Mailing Address

6191 Orange Dr.**6191 Orange Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4472**#4472**

City & State

City & State

DAVIE FL**Davie FL**

Zip

Zip

33314**33314**

Country

Country

USA**USA**

4. FEI Number

65-0841035

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GASS, DANIEL G
10001 NW 50TH ST.
STE. 204
SUNRISE FL 33351

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ABRUZZO, CHERYL	9333 NW 53RD CT	FORT LAUDERDALE FL 33351	<input checked="" type="checkbox"/>
V P	LIVING, YNGE	1445 ATLANTIC STORES BLVD #401	HALLANDALE FL 33009	<input type="checkbox"/>
P	LJUNG, YNGE	1445 ATLANTIC STORES BLVD #401	HALLANDALE FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Yngve Ljung*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/14/00 X(954) 791-4452

Date

Daytime Phone #