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FILED
Mar 14, 2001 8:00 am
Secretary of State

01-30-2001 90225 018 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047759

1. Entity Name

BETWEEN HEAVEN & EARTH HEALTH CENTER, INC.

Principal Place of Business: C/o FL NATURAL HEALTH CARE ~~6191 ORANGE DR #4472 DAVIE FL 33314~~ 2064 N. UNIVERSITY DR PEMBROKE PINES FL 33024

Mailing Address: C/o FL NATURAL HEALTH CARE ~~6191 ORANGE DR #4472 DAVIE FL 33314~~ 2064 N. UNIVERSITY DR PEMBROKE PINES FL 33024

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SEE ABOVE	2064 N. UNIVERSITY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. C/o FL NATURAL HEALTH CARE
City & State	City & State PEMBROKE PINES, FL
Zip / Country	Zip 33024 / Country BROWARD

4. FEI Number 65-0841035 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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] YNGE LJUNG PRES. 2/14/01

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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~LJUNG, YNGE~~ LJUNG, YNGE 1445 ATLANTIC STORES BLVD #401 HALLANDALE FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] PRESIDENT 3/6/01 (954)436 6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #