

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90118 025 ***150.00

DOCUMENT # **P98000047759** ✓
1. Entity Name
BETWEEN HEAVEN & EARTH HEALTH CTR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3601 W. Commercial Blvd.

3. Mailing Address
3601 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2500

#25

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

33309

USA

33309

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 Current Registered Agent

Name **GASS, DANIEL G.**

Street Address (P.O. Box Number is Not Acceptable)
10001 NW 50TH ST STE 204

City **SUNRISE** FL Zip Code **33351**

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Yngeborg Ljung 1445 Atlantic Shores Blvd., #401 Hallandale, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ynge Ljung** **YNGBE LJUNG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 **(954) 667-6637**

Date

Daytime Phone #

CR2E034B (12/01)