

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90160 020 ***550.00

0198288 dS

DOCUMENT # 498221

1. Entity Name
H.E.A.L.T.H., INC.

Principal Place of Business
5533 LA GORCE DR
MIAMI BEACH FL 33140
US

Mailing Address
5533 LA GORCE DR
MIAMI BEACH FL 33140
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1656221**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIZLER, KAAREN S
5533 LA GORCE DRIVE
MIAMI BEACH FL 33140

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, 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **MAIZLER, KAAREN S.**
 STREET ADDRESS **5533 LAGORCE DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Kaaren S. Maizler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01
 Date

305 866 7103
 Daytime Phone #

CR2E034 (5/01)



*On # B0065931
498221*
H.E.A.L.th. inc.

HEALTH & EDUCATION THRU ARTS & CEISURE THERAPY

*Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500*

**Kaaren S. Maizler
President**

September 17, 2001

To whom it may concern:

Due to the 9/11/01 tragedy, my document and payment did not go out in the mail. I had sent it from my place of work and when I came in today (9/17/01) the envelope was still in our mail center as the mail has not been picked up. I was absent from work last week and only found out today and am most concerned as I am a small company and am reeling from a theft of my checks in which my bank account was emptied of funds. I am still in the process of trying to recover and an additional fee would destroy my company (since 1976).

Please take these unforeseen and extreme factors into consideration and if you want any supporting documents to support what I'm saying, I'll be glad to supply them. You can reach me at (305)866-7103 or (305)318-6108.

Thank you for your consideration.

Most sincerely,

Kaaren S. Maizler
**Kaaren S. Maizler, BSRT, LMT
President, H.E.A.L.th. inc.**

FEI# 59-1656221