

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 622690

1. Entity Name

HEALTHX INTERNATIONAL, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90022 043 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4645-4647 PARKBREEZE COURT 4645-4647 PARKBREEZE COURT
ORLANDO FL 32808 ORLANDO FL 32808

2. Principal Place of Business 3. Mailing Address
221 SHELLPOINT W. PMB 213, SUITE H &
Suite, Apt. #, etc. Suite, Apt. #, etc.
145 S. ORLANDO AVE.

City & State City & State
MAITLAND FL MAITLAND FL

Zip Country Zip Country
32751 USA 32751 USA

4. FEI Number 59-2516596 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TEJPAN, AZIZ-ED-DIN
4645-4647 PARK BREEZE CT
ORLANDO FL 32808

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
221 SHELLPOINT W
City MAITLAND FL Zip Code 32751

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 *Aziz-Ed-Din Tejpar* AZIZ-ED-DIN TEJPAN, PRESIDENT 2/29/2000
(NOTE: Registered Agent signature required when reinstating)

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 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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEJPAN, AZIZ-ED-DIN		NAME		
STREET ADDRESS	4645-4647 PARK BREEZE CT		STREET ADDRESS	221 SHELLPOINT W.	
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Aziz-Ed-Din Tejpar* AZIZ-ED-DIN TEJPAN, PRESIDENT 2/29/2000 407 644 6819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)