2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500000832 1. Entity Name THE WELL BEING PROGRAMS, INCORPORATED)	
Principal Place of Business Mailing Address						MAR -6 AMII:	35	
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110 SW 8TH AVENUE FORT LAUDERDALE FL 33312 JS 2. Principal Place of Business		110 SW 8TH AVENUE FORT LAUDERDALE FL 33312-1735 US 3. Mailing Address			TĂİ	SEGRE RELEGI STATE TABLAHASSEE, FLORIDA		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SPACE	
City & State		City & State		4. FEIN	umber 95-4286877		Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certif	icate of Status Desired	□ \$8.75 Fee Requ	Additional uired
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New Re		
				Name				
BLUEBIRD, GAYLE 110 SW 8TH AVENUE FORT LAUDERDALE FL 33312			-	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
			-					
8. The above	named entity submits this statement fo	r the purpose of changing its	registered	d office or	registered agent, o	or both, in the state of Flori	da.	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registered A	Agent signatu	ire required when reinstatii	ng)	DATE	
	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contrib	_	· _	\$5.00 May Be Added to Fees		Check Payable artment of Stat	
10	FEE IS \$61.25	Trust Fund Contrib	ution.		Added to Fees	Dep	artment of Stat	ie
1 Q .	FEE IS \$61.25 OFFICERS AND DIF	Trust Fund Contrib	_		Added to Fees ADDITIONS	Dep S/CHANGES TO OFFICER	artment of Stat	3 IN 10
UTLE	FEE IS \$61.25	Trust Fund Contrib	ution		Added to Fees ADDITIONS	Dep S/CHANGES TO OFFICER	s AND DIRECTORS	ie 3 IN 10
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SOCK BULLINGE CATTE BULL BIRD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-467-1431 Daytime Phone #