

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005377

1. Entity Name

COMPLETE WELLNESS CENTERS, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90068 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792		Mailing Address 1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792-1042	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-1910135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \_\_\_\_\_ (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, ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	CEOC RAYMOND, JOSEPH JR 1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Joseph Raymond, Jr. 1964 Howell Branch Rd., Ste 202 Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOP VALLEJO, SERGIO 1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Sergio Vallejo 1964 Howell Branch Rd., Ste 202 Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRIGANTE, MICHAEL 1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/V Rebecca R. Irish 1964 Howell Branch Rd., Ste 202 Winter Park, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAWLOWSKI, JOHN 1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Palowski 1964 Howell Branch Rd., Ste 202 Winter Park, FL 32792 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARER, EUGENE 1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eugene Sharer 1964 Howell Branch Rd., Ste 202 Winter Park, FL 32792 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADCLIFFE, DONALD 1964 HOWELL BRANCH ROAD, SUITE 202 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Radcliffe 1964 Howell Branch Rd., Ste 202 Winter Park, FL 32792 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-00

407-673-3073

CR2E034 (9/99)

F97000005377

Attachment  
00056405

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Addition
NAME	L. Mark Michel	
STREET ADDRESS	1964 Howell Branch Road	
CITY-ST-ZIP	Winter Park, FL 32792	