2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 29, 2002 8:00 am **Secretary of State** DOCUMENT # G71084 1. Entity Name 02-25-2002 90039 010 ***150 00 HEALTH, THERAPY & BEAUTY INNOVATIONS, INC Principal Place of Business Mailing Address % BETTY NADAL % BETTY NADAL 131 GARFIELD DR. #4B 131 GARFIELD DR. #48 SARASOTA FL 34238 SARASOTA FL 34236 2. Principal Place of Business, 3. Mailing Address nouth Variation Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 30 D City & State 4. FEI Number Applied For 59-2348285 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BETTY NADAL Street Address (P.O. Box Number is Not Acceptable) 131 GARFIELD DR #4B SARASOTA FL 34238 City 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 rainstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TELLE ☐ Change NAME NADAL, JOHN A NAME t Rd # 303 STREET ADDRESS 131 GARFIELD DR. #4B STREET ADDRESS CITY-ST-ZIP SARASOTA: FL 34230 CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NADAL, BETTY NAME STREET ADDRESS STREET ADDRESS 131 Garfield dr. 748 C!TY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP ☐ Deleta ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(f), 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