

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90013 011 \*\*\*150.00

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**DOCUMENT # H92596**

1. Entity Name

**IT'S YOUR HEALTH, INCORPORATED**

Principal Place of Business

**784 SW 119TH WAY  
 DAVIE FL 33325  
 US**

Mailing Address

**784 SW 119TH WAY  
 DAVIE FL 33325  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2650479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCISCO, MARTA CASTILLO  
 784 S.W. 119TH WAY  
 DAVIE FL 33325**

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 \$150.00  
 After May 1, 2002 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

<input type="checkbox"/> Delete	<b>PD</b>
<input type="checkbox"/> Delete	<b>FRANCISCO, MARTA C.</b>
<input type="checkbox"/> Delete	<b>784 S.W. 119TH WAY</b>
<input type="checkbox"/> Delete	<b>DAVIE FL</b>
<input type="checkbox"/> Delete	<b>D</b>
<input type="checkbox"/> Delete	<b>FRANCISCO, PETE C.</b>
<input type="checkbox"/> Delete	<b>784 S.W. 119TH WAY</b>
<input type="checkbox"/> Delete	<b>DAVIE FL</b>
<input type="checkbox"/> Delete	<b>D</b>
<input type="checkbox"/> Delete	<b>CASTILLO, CECILIA</b>
<input type="checkbox"/> Delete	<b>784 S.W. 119TH WAY</b>
<input type="checkbox"/> Delete	<b>DAVIE FL</b>

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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: *Marta C. Francisco* MARTA C. FRANCISCO 04-25-02 (954) 370-8715**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)