

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90084 015 ***150.00

DOCUMENT # J96865

1. Entity Name

ENZYME BEAUTY & HEALTH PRODUCTS OF HAWAII, INC.

Principal Place of Business

Mailing Address

2525 MOODY BLVD
 FLAGLER BEACH FL 32136
 US

P.O. BOX 1869
 FLAGLER BEACH FL 32136-1869
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2782048

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARVE, RICHARD P.
 2656 S. A1A
 FLAGLER BEACH FL 32136

Name **MARGARET L. DiCIANNI**

Street Address (P.O. Box Number is Not Acceptable)
4005 OCEAN MARINA DR

City **FLAGLER BEACH** FL Zip Code **32136**

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 *Margaret L. DiCianni* **Margaret L. DiCianni** **1-27-00**
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, 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

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	ARVE, RICHARD P	NAME	POO LEILANI
STREET ADDRESS	2656 S A1A, POB 1869	STREET ADDRESS	HILO, HAWAII 96720
CITY-ST-ZIP	FLAGLER BEACH FL 32136	CITY-ST-ZIP	HILO, HAWAII 96720
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURZYN, JOHN	NAME	POO LEILANI
STREET ADDRESS	2656 S A1A, POB 1869	STREET ADDRESS	HILO, HAWAII 96720
CITY-ST-ZIP	FLAGLER BEACH FL 32136	CITY-ST-ZIP	HILO, HAWAII 96720
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: *John Murzyn* **JOHN MURZYN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00 (904) 439-3305
Date Day/ite Phone #

CR2E034 (9/99)