

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015465 AF

DOCUMENT # L00000009241

1. Entity Name  
GARDENS HEALTH ALLIANCE LLC

Principal Place of Business  
182 POINCIANA DRIVE  
JUPITER FL 33458

Mailing Address  
182 POINCIANA DRIVE  
JUPITER FL 33458

DBA: Gardens Health and Wellness

2. Principal Place of Business  
4383 Northlake Blvd, Suite 309  
Suite, Apt. #, etc.  
Palm Beach Gardens, Florida  
City & State

3. Mailing Address  
Gardens Health and Wellness  
Suite, Apt. #, etc.  
4383 Northlake Blvd, Suite 309  
City & State  
Palm Beach Gardens, Florida

Zip  
33410  
Country  
USA

Zip  
33410  
Country  
USA

4. FEI Number  
65-1028402

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

Name  
Philip John Scuderi  
Street Address (P.O. Box Number is Not Acceptable)  
4383 Northlake Boulevard, Suite 309  
City  
Palm Beach Gardens FL Zip Code  
33410

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

3/19/2001

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCUDERI, PHILIP J  
182 POINCIANA DRIVE  
JUPITER FL 33458 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Scuderi, Philip J  
4383 Northlake Blvd, Suite 309  
Palm Beach Gardens, FL. 33410 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003959611-8  
-04/04/01--01095--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/19/2001 561 775-4900

FILED  
01 MAR 26 PM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)