

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87540

1. Entity Name

NATIONAL WEIGHT LOSS CENTERS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90195 017 ***150.00

Principal Place of Business

Mailing Address

4100 WEST KENNEDY BLVD
SUITE 226
TAMPA FL 33609-9243

4100 WEST KENNEDY BLVD
SUITE 226
TAMPA FL 33609-2244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4241 W. KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FLA

4. FEI Number

59-3017025

Applied For

Not Applicable

Zip

Country

Zip

33609

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASKINS, STEPHEN H.
24703 US HIGHWAY 19 NORTH
SUITE 213
CLEARWATER FL 34623

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, 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	P	<input type="checkbox"/> Delete
NAME	KARABAJAKIAN, ALEX	
STREET ADDRESS	5201 S TORREY PINES, APT #1222	
CITY-ST-ZIP	LAS VEGAS NV 89118	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAPHAEL, ROBIN TERRY	
STREET ADDRESS	19538 CRESCENT ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)