

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -1 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000001315

1. Entity Name  
THE HEALING ARTS, L.C.

Principal Place of Business  
5820 N. FEDERAL HWY., SUITE D1  
BOCA RATON FL 33487

Mailing Address  
3565 N. OCEAN BLVD.  
DELRAY BEACH FL 33483-7440

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  
65-0796833

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

VAJDA, ISTVAN  
3565 NORTH OCEAN BLVD.  
DELRAY BEACH FL 33483

## 7. Name and Address of New Registered Agent

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

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
VAJDA, ISTVAN  
3565 NORTH OCEAN BLVD.  
DELRAY BEACH FL 33483

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
VAJDA, BALAZS  
3565 NORTH OCEAN BLVD.  
DELRAY BEACH FL 33483

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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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500003261085  
-05/22/00-01022-016  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)