

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 12, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000001697**1. Entity Name  
**HEALING EARTH HOLISTIC CENTER, LLC**

Principal Place of Business 19022 NORTHEAST 29 AVENUE  AVENTURA FL 33180	Mailing Address 19022 NORTHEAST 29 AVENUE  AVENTURA FL 33180
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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4. FEI Number  
**65-0865393**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  MARK A. ASTOR 6661 BOYNTON BEACH BLVD.  BOYNTON BEACH FL 33437 US	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name MARK G. ASTOR</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 6661 BOYNTON BEACH BLVD.</td></tr><tr><td>City BOYNTON BEACH FL Zip Code 33437</td></tr></table>	Name MARK G. ASTOR	Street Address (P.O. Box Number is Not Acceptable) 6661 BOYNTON BEACH BLVD.	City BOYNTON BEACH FL Zip Code 33437
Name MARK G. ASTOR				
Street Address (P.O. Box Number is Not Acceptable) 6661 BOYNTON BEACH BLVD.				
City BOYNTON BEACH FL Zip Code 33437				

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 **MARK G. ASTOR** **02/12/2001**  
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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASTOR SIMON 650 WEST AVE., #2207 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASTOR SIMON D 650 WEST AVE., #2207 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Simon D. Asfor** MGR **02/12/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)