

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000121

1. Entity Name
NETWORK WELLNESS SYSTEMS, L.C.

Principal Place of Business
6320 N.W. 42ND WAY
BOCA RATON FL 33496

Mailing Address
6320 N.W. 42ND WAY
BOCA RATON FL 33496

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
APPLIED FOR

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

STEINER, ROBERT
6320 N.W. 42ND WAY
BOCA RATON FL 33496

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

10. ADDITIONS/CHANGES

TITLE MGRM
NAME STEINER, ROBERT
STREET ADDRESS 6320 N.W. 42ND WAY
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME STEINER, DIANE
STREET ADDRESS 6320 N.W. 42ND WAY
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003623798-2
-02/02/01--01015--015
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: _____

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

Date

Daytime Phone #

1/15/01 361-995-4161

FILED

01 JAN 25 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



650888460

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)