

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90007 038 \*\*\*150.00

**DOCUMENT # M92625**

1. Entity Name

**SUNGLOW HEALTH CENTER INC.**



Principal Place of Business

4689 N DIXIE HWY  
 POMPANO BEACH FL 33064  
 US

Mailing Address

4689 N DIXIE HWY  
 POMPANO BEACH FL 33064  
 US

100073800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0134238**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**FINN, ALEXANDRA C.**  
**8204 NW 63 CT**  
**PARKLAND FL 33067**

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, 2001 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

|                                                |                                                                                              |                                 |
|------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FINN, JOHN W.</b><br><b>2 MYRTLE BANK RD</b><br><b>HILTON HEAD IS., S.C</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FINN, MAGARA C.</b><br><b>2 MYRTLE BANK RD</b><br><b>HILTON HEAD IS., S.C</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FINN, ALEXANDRA C.</b><br><b>8204 NW 63 CT</b><br><b>PARKLAND FL 33067</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                              | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

*Alexandra C. Finn* **Alexandra C. Finn**

**4/27/01 954-782 9947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT # 1009068706

MAY 16 2001

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

Attachment  
AD73800

Document # M92625

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UNITED STATES

D# M92625 FEI 65-0134238 9558

SUNGLOW HEALTH CENTER, INC.

4689 N. DIXIE HWY. 954-782-8996  
POMPANO BEACH, FL 33064

DATE Apr 27/01

63-8376/2670  
015

PAY  
TO THE  
ORDER OF

Fla Dep of Revenue

\$ 150.00

One hundred & fifty

xx  
/100

DOLLARS



Sewgrass  
1299 S. Military Tr.  
Deerfield Bch, FL 33442

FOR 65-0134238

Gloria C. Sun

⑈009558⑈ ⑆267083763⑆ 005543802⑈

↑ old check

M92625

FEI 65-0134238

9614

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New check