

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90049 002 \*\*\*\*70.00

**DOCUMENT # N00000000817**

1. Entity Name  
**HEALTHIER WAY OF LIFE II, INC.**

Principal Place of Business

**4580 SW 33RD AVE  
DANIA FL 33312**

Mailing Address

**4580 SW 33RD AVE  
DANIA FL 33312**

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  
**65-0983545**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, JOSEPH B  
4580 SW 33RD AVE  
DANIA FL 33312**

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
**TP WILLIAMS, MALA D**  
STREET ADDRESS **4580 SW 33RD AVE**  
CITY-ST-ZIP **DANIA FL 33312**

TITLE NAME ☐ Delete  
**TV WILLIAMS, JOSEPH B**  
STREET ADDRESS **4580 SW 33RD AVE**  
CITY-ST-ZIP **DANIA FL 33312**

TITLE NAME ☐ Delete  
**TD BISPOTT, JOAN E**  
STREET ADDRESS **4580 SW 33RD AVE**  
CITY-ST-ZIP **DANIA FL 33312**

TITLE NAME ☐ Delete  
**TD GEORGE, BEVERLY**  
STREET ADDRESS **4580 SW 33RD AVE**  
CITY-ST-ZIP **DANIA FL 33312**

TITLE NAME ☐ Delete  
**TD SOLOMON, GLORIA**  
STREET ADDRESS **4580 SW 33RD AVE**  
CITY-ST-ZIP **DANIA FL 33312**

TITLE NAME ☐ Delete  
**TD BOODRAM, RAQUEL**  
STREET ADDRESS **4580 SW 33RD AVE**  
CITY-ST-ZIP **DANIA FL 33312**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph B. Williams*  
**JOSEPH B. WILLIAMS, PRESIDENT**

*3/4/2002*  
Date

*(954) 983-5157*  
Daytime Phone #

CR2E037 (9/01)