

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007884

FILED
Apr 16, 2003
Secretary of State

Entity Name: CENTER OF WELL BEING, INC.

Current Principal Place of Business:

3741 S. W. KASIN STREET
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3741 S. W. KASIN STREET
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 06-1651760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUPPENS, MARC S
3741 S. W. KASIN STREET
PORT SAINT LUCIE, FL 34953

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVERETT, ROBYN
Address: DN BIK'A'T BEIT-HAKEREM
City-St-Zip: MA'ALE TZVIA, IS 20129 OC

Title: STD () Delete
Name: LUPPENS, MARC S
Address: 3741 S.W. KASIN STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPD () Delete
Name: WEISS, AMIR
Address: DN BIK'A'T BEIT-HAKEREM
City-St-Zip: MA'ALE TZVIA, IS 20129 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVERETT, ROBYN
Address: P.O. BOX 724
City-St-Zip: KFAR MONASH, IS 42875 OC

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WEISS, AMIR
Address: P.O. BOX 724
City-St-Zip: KFAR MONASH, IS 42875 OC

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC S. LUPPENS

STD

04/16/2003

Electronic Signature of Signing Officer or Director

Date