2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N03226

Entity Name: BETTER WAY OF MIAMI, INC.

FILED Mar 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

800 NW 28 STREET MIAMI, FL 33127

Current Mailing Address: New Mailing Address:

800 NW 28 STREET MIAMI, FL 33127

FEI Number: 59-2462933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANG. BETH % BETTER WAY 800 NW 28 ST MIAMI, FL 33127 US

OFFICERS AND DIRECTORS:

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BVEL, MARTIN
 Name:
 MOLANS, HEATHER

 Address:
 6831 SW 69 TERRACE
 Address:
 16100 SW 173 AVENUE

 City-St-Zip:
 MIAMI, FL 33143
 City-St-Zip:
 MIAMI, FL 33187

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: MOLANS, HEATHER Name: MARTIN, ERNIE

Address: 16100 SW 173 AVENUE Address: 1000 NORTH RIVER DRIVE

City-St-Zip: MIAMI, FL 33187 City-St-Zip: MIAMI, FL 33136

Title: SD () Delete Title: () Change () Addition

 Name:
 WHITEHEAD, LINDA
 Name:

 Address:
 1801 NW 9 AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33136
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 MURRAY, JERRY
 Name:

 Address:
 17051 NE 35 AVENUE # 110
 Address:

 City-St-Zip:
 MIAMI, FL 33160
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LANG, BETH
 Name:

 Address:
 10901 NORTH BAY SHORE DRIVE
 Address:

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:

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: ERNIE MARTIN VPD 03/01/2002