

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90110 006 ****61.25

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DOCUMENT # N96000004917

1. Corporation Name

HEALING ARTS OF TAO, INC.

Principal Place of Business

11470 NW 38 PL
SUNRISE FL 33323
US

Mailing Address

P O BOX 451236
SUNRISE FL 33345-236
US



2. Principal Place of Business

21 **1234 N. University Dr.**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/23/1996

22 Suite, Apt. #, etc.

4. FEI Number

65-0710448

Applied For

Not Applicable

23 City & State

Plantation, FL

27 City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

33332 U.S.A.

29 Zip Country

30

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

IBORRA, FRANK
2487 N.E. 183RD STREET
N. MIAMI BEACH FL 33160-2024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **Sunrise**

FL

85 Zip Code
33323-1104

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD IBORRA, FRANK**
STREET ADDRESS **2487 N.E. 183RD STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33160-2024**

TITLE ☐ DELETE
NAME **STD IBORRA, MARION**
STREET ADDRESS **2487 N.E. 183RD STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33160-2024**

TITLE ☐ DELETE
NAME **D WAGMAN, ABBY**
STREET ADDRESS **301 N. PINE ISLAND RD.**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☒ DELETE
NAME **D MOHAMMED, ZYAD**
STREET ADDRESS **709 S. ROYAL POINCIANA, #112**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ DELETE
NAME **D ROCHLIN, SUSAN**
STREET ADDRESS **3601 N.E. 170 ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **11470 N.W. 38 Pl.**
1.4 CITY-ST-ZIP **Sunrise, FL 33323-1104**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **11470 N.W. 38 Pl.**
2.4 CITY-ST-ZIP **Sunrise, FL 33323-1104**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 (954) 749-7609
Date Daytime Phone #

CR2F037 (11/98)