

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2002 8:00 am**
Secretary of State

05-15-2002 90155 006 ****61.25

DOCUMENT # N96000004917

1. Entity Name

HEALING ARTS OF TAO, INC.

Principal Place of Business

Mailing Address

**1234 NORTH UNIVERSITY DRIVE
PLANTATION FL 33332
US****P O BOX 451236
SUNRISE FL 33345-236
US**

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

65-0710448

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****IBORRA, FRANK
11470 N.W. 38 PLACE
SUNRISE FL 33323-1104**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	IBORRA, FRANK	11470 N.W. 38 PLACE	SUNRISE FL 33323-1104				
STD	IBORRA, MARION	11470 N.W. 38 PLACE	SUNRISE FL 33323-1104				
D	WAGMAN, ABBY	301 N. PINE ISLAND RD.	PLANTATION FL				
D	ROCHLIN, SUSAN	3601 N.E. 170 ST.	N. MIAMI BEACH FL				

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:

Marina T. Borra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2002

Date

954-474-5404

Daytime Phone #

CR2E037 (9/01)