

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000392

1. Entity Name

UNIVERSAL HEALING CENTER, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90306 028 ****61.25

Principal Place of Business

434 DELANNOY AVE
 STE 202
 COCOA FL 32922

Mailing Address

434 DELANNOY AVE
 STE 202
 COCOA FL 32922

00062023



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

59-3420293

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

BOWEN, ROBIN
 434 DELANNOY AVE
 STE 202
 COCOA FL 32922

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
 D BOWEN, ROBIN
 STREET ADDRESS 434 DELANNOY AVE-STE 202
 CITY-ST-ZIP COCOA FL 32922

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

TITLE NAME ☐ Delete
 T RODRIGUEZ, PEDRO
 STREET ADDRESS 434 DELANNOY AVE-STE 202
 CITY-ST-ZIP COCOA FL 32922

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

TITLE NAME ☐ Delete
 T HADDAD, NANCY
 STREET ADDRESS 434 DELANNOY AVE-STE 202
 CITY-ST-ZIP COCOA FL 32922

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01

321-636-6008

CR2E037 (10/00)