

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004312

1. Entity Name

A NEW CONCEPT OF HEALING INSTITUTE, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90084 011 ****61.25

Principal Place of Business

1300 LINCOLN RD, SUITE C1B
MIAMI BEACH FL 33139

Mailing Address

PO BOX 398072
MIAMI BEACH FL 33239-8072

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0854444

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

ACOSTA, JESUS
1300 LINCOLN RD, SUITE C1B
MIAMI BEACH FL 33139

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 PD
NAME ACOSTA, JESUS
STREET ADDRESS 1300 LINCOLN RD, SUITE C1B
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME ACOSTA, ANTHONY
STREET ADDRESS 1300 LINCOLN RD, SUITE C1B
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME ACOSTA, CARMEN
STREET ADDRESS 1300 LINCOLN RD, SUITE C1B
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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: X

SIGNATURE REQUIRED

JESUS ACOSTA

3/14/00

Date

Daytime Phone #

CR2E037 (9/99)