

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 08:00 AM
Secretary of State

DOCUMENT # N99000002292

1. Entity Name

LOVE HEALS ALL, INC.

Principal Place of Business

15024 SIUHWEST 147TH STREET

MIAMI
33196

FL

Mailing Address

15024 SIUHWEST 147TH STREET

MIAMI
33196

FL

2. Principal Place of Business

15024 SOUTHWEST 147TH STREET

3. Mailing Address

15024 SOUTHWEST 147TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number

65-0910805

Applied For

Not Applicable

Zip

33196

Country

US

Zip

33196

Country

US

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

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES

33134

US

FL

Name

MANSO

MADELIN

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

15024 S.W. 147 STREET

City

MIAMI

FL

Zip Code

33134

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 MADELIN MANSO

04/22/2000

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
STREET ADDRESS
CITY-ST-ZIP
D
PUIG DIANA
15024 SOUTHWEST 147TH STREET
MIAMI FL 33196 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANSO HECTOR RJR.
15024 SOUTHWEST 147TH STREET
MIAMI FL 33196 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MANSO MADELIN
15024 SOUTHWEST 147TH STREET
MIAMI FL 33196 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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.