2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N99000002697 Jul 28, 2000 8:00 am **Secretary of State** A PLACE FOR HEALING, INC. 07-28-2000 90152 049 ****70.00 Principal Place of Business Mailing Address 10571 SW 174 TERRACE 10571 SW 174 TERRACE MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Samo ABoue Same ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 05715W errace 10571 SW 174 Terrace 4. FEI Number Applied For City & State City & State Flore da 65-0920062-170612 Flor. d miami miauri Not Applicable zip 33157 Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 33157 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Same- New ADDress Street Address (P.O. Box Number is Not Acceptable) DAVIS, KEITH 11307 S.W. 167TH STREET **MIAMI FL 33157** Zip Code 3317 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State After September 13, 2000 min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Addition TITLE ☐ Delete TITLE DAVIS Keith A. NAME DAVIS, KEITH NAME 19730 SW 118 PL. STREET ADDRESS 11307 SW 167TH STREET STREET ADDRESS miami Fla. 33177 CITY-ST-ZIP CiTY-ST-ZIP MIAMI FL 33157 **5**D Change Delete TITLE TITLE PINKSTON, DOROTHY Davis Zerephia L NAME NAME STREET ADDRESS 19730 SW 118 Pl Miami FLa 33177 STREET ADDRESS 14519 SW 138TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** D ☐ Change ☐ Addition Delete TITLE TITL E BALARD, THOMAS VANCE, VALERIE NAME NAME 11107 Sw 200 ST BIDG 1072 miam; Fl 331 57 STREET ADDRESS STREET ADDRESS 15720 SW 109TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Change Addition Delete TITLE BALARD, THOMAS NAME NAME STREET ADDRESS 11107 SW 200 STREET BLDG 7 #107 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-7IP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section.1.19.07(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.

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date