

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90084 037 ***150.00

DOCUMENT # P00000017231

1. Entity Name
ESSENTIAL HARMONY, INC.

Principal Place of Business Mailing Address
5625 NORTH BAY ROAD 5625 NORTH BAY ROAD
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140

2. Principal Place of Business 3. Mailing Address
5925 Alton Road 5925 Alton Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Beach, FL Miami Beach, FL
 Zip Country Zip Country
33140 U.S.A. 33140 U.S.A.

4. FEI Number Applied For
65-1004069 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL PINO, EDNA
420 LINCOLN ROAD #600
MIAMI BEACH FL 33139

Robert J. Furlong, MD
5925 Alton Rd
Miami Beach, FL
33140

7. Name and Address of New Registered Agent

Name **ROBERT J. Furlong**
 Street Address (P.O. Box Number is Not Acceptable)
5925 Alton Road
 City **Miami Beach, FL** Zip Code **33140**

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 **Robert J. Furlong, M.D.** DATE **3/07/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO Elyse Furlong 5925 Alton Road Miami Beach, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Robert J. Furlong 5925 Alton Road Miami Beach, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Elyse Furlong** **Elyse Furlong** DATE **03/07/01** DAYTIME PHONE # **(305) 861-1257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

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