2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State
02-12-2002 90053 023 ***150.00

0225303 AV

DOCUMENT # P00000017231

1. Entity Name
ESSENTIAL HARMONY, INC.

Principal Place of Business
~~5925 ALTON ROAD~~
MIAMI BEACH FL 33140

Mailing Address
~~5925 ALTON ROAD~~
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4420 PINE TREE DR
Suite, Apt. #, etc.: —
City & State: SAME
Zip: SAME Country: USA

3. Mailing Address: 4420 PINE TREE DR
Suite, Apt. #, etc.:
City & State: SAME
Zip: SAME Country: SAME

4. FEI Number: 65-1004069 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
FURLONG, ROBERT J MD
~~5925 ALTON ROAD~~
~~MIAMI FL 33140~~

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 4420 PINE TREE DRIVE
City: MIAMI BEACH SAME 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 MD ROBERT J. FURLONG MD 1/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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	Delete
PCEO	FURLONG, ELYSE	~~5925 ALTON ROAD~~	MIAMI BEACH FL 33140	☐
VP	FURLONG, ROBERT J	~~5925 ALTON ROAD~~	MIAMI BEACH FL 33140	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		4420 PINE TREE DRIVE		☒	☐
		4420 PINE TREE DRIVE		☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: Robert J Furlong MD ROBERT J. FURLONG MD 1/21/02 305-535-9906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)