

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020859

1. Entity Name
PURA SALUD GNC #5 INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90125 045 ***155.00

Principal Place of Business
**13611 SOUTH DIXIE HIGHWAY
SUITE 106
MIAMI FL 33176**

Mailing Address
**13611 SOUTH DIXIE HIGHWAY
SUITE 106
MIAMI FL 33176**

2. Principal Place of Business

8888 S.W 136 ST

Suite, Apt. #, etc.

353

City & State

MIAMI FL

Zip

33176

Country

DADE

3. Mailing Address

8888 SW 136 ST

Suite, Apt. #, etc.

353

City & State

MIAMI FL

Zip

33176

Country

DADE

4. FEI Number

650986138

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTELLON, BARNEY
13611 SOUTH DIXIE HIGHWAY
SUITE 106
MIAMI FL 33176**

7. Name and Address of New Registered Agent

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

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	PVST	<input type="checkbox"/> Delete
NAME	CASTELLON, BARNEY	
STREET ADDRESS	13611 SOUTH DIXIE HIGHWAY #106	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLON, BARNEY	
STREET ADDRESS	13611 SOUTH DIXIE HIGHWAY #106	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLON, ANA	
STREET ADDRESS	13611 SOUTH DIXIE HIGHWAY #106	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SCOTT	
STREET ADDRESS	13611 SOUTH DIXIE HIGHWAY #106	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Ana Castellon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

(305) 969 4791

Daytime Phone #

CR2E034 (10/00)