

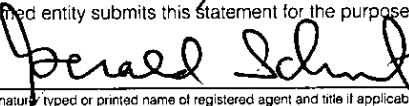
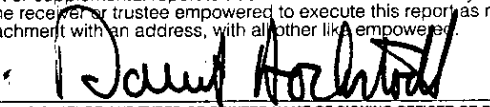
# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90001 025 \*\*\*150.00

AV062556

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P00000022593			
<b>1. Entity Name</b> Healing Ants Massage ✓			
<b>Principal Place of Business</b> 8300 NW 46 ST Lauderhill FL 33351		<b>Mailing Address</b> Same	
<b>2. Principal Place of Business</b> 8300 NW 46 ST		<b>3. Mailing Address</b>	
Suite, Apt. #, etc. House		Suite, Apt. #, etc.	
<b>City &amp; State</b> Lauderhill FL		<b>City &amp; State</b>	
<b>Zip</b> 33351	<b>Country</b> Broward.	<b>Zip</b>	<b>Country</b>
<b>6. Name and Address of Current Registered Agent</b> Gerard Schnitzen 2455 E. Sunrise Blvd #502 FORT LAUD., FL 33304		<b>4. FSI Number</b> 65-1000 457	
		<b>Applied For</b> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of New Registered Agent</b>			
<b>Name</b>			
<b>Street Address (P.O. Box Number is Not Acceptable)</b>			
<b>City</b>		<b>FL</b>	<b>Zip Code</b>
<b>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.</b>			
<b>SIGNATURE</b>  <b>(NOTE: Registered Agent signature required when reinstating)</b> <b>DATE</b>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <b>(See criteria on back)</b>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> <b>DAVID HOCHSTADT</b> <b>8300 NW 46 ST</b> <b>LAUDERHILL FL 33351</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 empowerers.</b>			
<b>SIGNATURE:</b> 		<b>4/23/01</b> <b>954-916-4835</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b> <b>Daytime Phone #</b>	

CR2E034 (11/00)