2001 UNIFORM BUSINESS REPORT (UBR) Aug 31, 2001 8:00 am Secretary of State DOCUMENT # 07-23-2001 90003 024 ***150.00 WELLNESS Principal Place of Business Mailing Address 321 NW 315t 2. Principal Place of Business 321 NW 321 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MIAM Applied For Miami Not Applicable Country USA Country SA \$8.75 Additional ne and Address of New Registered Agent Mogso, Chuch Street Address (P.O. Box Num er is No) Acceptable) Dakland Ph Blud 200 d Panh Fe 33311 Zip Code nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. id name of registered agent and tible it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be .Tax filing requirement and elects to do so. After MAY-1-2001 Fee will be \$550.00 $\overline{\Box}$ (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Pre siclent TITLE TITLE susebio, Adelaida NAME NAME STREET ADORESS STREET ADDRESS 321 NW 31St CITY-ST-ZIP CITY-ST-ZIP Secretery Delete Eusels o-Mesia, Februia TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 321 NW 31st. Miami Re CITY-ST-ZIP mle Addition ☐ Deleté TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Chance Defete NAME. NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 cath; 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.

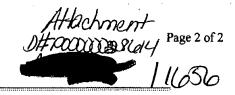
SIGNATURE: J Addlaude Essentia.

7/6/01

305-8642432

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Division of Corporations



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No Events No Name History Information

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Corporations Inquiry

To whom it may conven

Please find enclosed a money order for \$15000 for the renurl Please I just had a new baby boy and I also moved, that is why I was unable to renew on time. I also Mis placed the remul form you sent

Me.

Please - Kindly renew this for me.

I Know 7h 1s late best help me.

Thanks for your Consideration

http://ccfcorp.dos.state.fl.us/scripts/cordet.exe?al=DETFIL&nl=P00000028614&n2=OFF1... 5/30/2001