

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

07-23-2001 90003 024 \*\*\*150.00

DOCUMENT # **000 000 286 14**

1. Entity Name

**FED WELLNESS CENTER INC**

Principal Place of Business

Mailing Address

**321 NW 31st**  
**Miami FL 33127**

**SAME**

2. Principal Place of Business

**321 NW 31st**

3. Mailing Address

**321 NW 31st**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami**

City & State

**Miami**

4. FEI Number

**65-1007151**

Applied For

Not Applicable

Zip

**FL**

Country

**USA**

Zip

**FL 33127**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**N/A**

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 4, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

**President**

☐ Delete

NAME

**Eusebio, Adelaida**

STREET ADDRESS

**321 NW 31st Miami**

CITY-ST-ZIP

TITLE

**Secretary**

☐ Delete

NAME

**Eusebio-Mesia, Felicia**

STREET ADDRESS

**321 NW 31st Miami Re.**

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

**Adelaida Eusebio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/01**

Date

**305-8642432**

Daytime Phone

CR2E034 (11/00)

Attachment  
D#7000000814  
[REDACTED] 11656

Previous Filing

Return to List

Next Filing

No Events  
No Name History Information

[View Document Image\(s\)](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)

6/2/01

To whom it may concern

Please find enclosed a money order for \$150.00 for the renewal

Please I just had a new baby boy and I also moved, that is why I was unable to renew on time. I also misplaced the renewal form you sent me.

Please kindly renew this for me. I know it is late but help me.

Thanks for your consideration

Adelaide Eusebio