

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90114 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050210

1. Entity Name

Body & Soul Healing Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1225 N. University Drive

Suite, Apt. #, etc.

3. Mailing Address

1225 N. University Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-1012907

Applied For

Not Applicable

Zip

33071

Country

USA

Zip

33071

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Gary Lucchese

Street Address (P.O. Box Number is Not Acceptable)

1560 Orion Lane

City

Weston

FL

Zip Code

33327

**DO NOT WRITE
IN THIS SPACE**

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

Signature: Registered Agent Signature required when changing

04/22/02

Date

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
President	Gary Lucchese	1560 Orion Lane	Weston, FL 33327
Chairman	Ina Lenoff Lucchese	1560 Orion Lane	Weston, FL 33327

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02

Date

954-796-0005

Deputy Secretary

CR2E034B (12/01)