

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0178010

DOCUMENT # P00000055555

1. Entity Name

CONNECTING HEAD 2 HEART INC.

05-03-2001 90462 001 *****8.75
 05-03-2001 90462 002 ***150.00

Principal Place of Business

**5390 SUNSET DRIVE
 MIAMI FL 33143**

Mailing Address

**5390 SUNSET DRIVE
 MIAMI FL 33143**

2. Principal Place of Business

7800 S.W. 57 Ave Suite 300

3. Mailing Address

7800 S.W. 57 Ave

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

South Miami, FL

City & State

South Miami, FL

Zip

33143

Country

Dade

Zip

33143

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **Michael Graeme Kay**

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

6060 S.W. 63 Ave.

City **South Miami**

FL

Zip Code

33143

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 **Corporate Creations Enterprises, Inc.**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/23/01
 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 **D** ☐ Delete
 NAME **DE PAREDES, MONIQUE**
 STREET ADDRESS **5390 SUNSET DRIVE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☒ Delete
 NAME **KAY, MICHAEL G**
 STREET ADDRESS **5390 SUNSET DRIVE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☒ Delete
 NAME **SOLDEVILLA, MARILY**
 STREET ADDRESS **5390 SUNSET DRIVE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)