

2/8/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-08-2001 90049 012 ***150.00

DOCUMENT # P00000056533

1. Entity Name

NATIONAL HEALTH ESSENTIALS, INC.

Principal Place of Business

Mailing Address

3384 NW 23 COURT
BOCA RATON FL 334313384 NW 23 COURT
BOCA RATON FL 33431

2. Principal Place of Business

1440 CORAL RIDGE DR.

3. Mailing Address

1440 CORAL RIDGE DR.

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

City & State

CORAL SPRINGS, FL**CORAL SPRINGS, FL**

Zip

Country

Zip

Country

33071**USA****33071****USA**

4. FEI Number

65-1002744

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, STANLEY W JR
1915 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

EUGENE M. KENNEDY, ESQ.

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

517 S.W. 12th AVENUE

City

FT. LAUDERDALE**FL**

Zip Code

33301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/01

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 NAME ☐ Delete

D
MICHAELS, RICHARD
3384 NW 23 COURT
BOCA RATON FL 33431

TITLE NAME ☒ Delete

V
CIMORELLI, JANET
3384 NW 23 COURT
BOCA RATON FL 33431

TITLE NAME ☒ Delete

T
BECKMAN, JEROME
3384 NW 23 COURT
BOCA RATON FL 33431

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

DIRECTOR
VITO FLORIO
841 N.W. 124 AVE.
CORAL SPRINGS, FL 33071

TITLE NAME ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
 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

2-5-01

Date

954-575-1229

Daytime Phone #

CR2E034 (10/00)