

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90074 033 \*\*\*150.00

0156678 AV

**DOCUMENT # P00000083495**

1. Entity Name  
**ALL ABOUT WELLNESS, INC.**

Principal Place of Business  
**11514 NW 10TH ST**  
**PEMBROKE PINES FL 33026**

Mailing Address  
**11514 NW 10TH ST**  
**PEMBROKE PINES FL 33026**



2. Principal Place of Business  
**13160 BISCAYNE BLVD**

3. Mailing Address  
**13160 BISCAYNE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NO MIAMI FL**

City & State  
**NO MIAMI FL**

4. FEI Number  
**65-1038499**

Applied For  
☐ Not Applicable

Zip  
**33181** Country  
**USA**

Zip  
**33181** 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

**COHEN, JEFFREY R**  
**297 SUNNY ISLES BLVD**  
**SUNNY ISLES BEACH FL 33160**

Name  
**MATUSHA PARDO**

Street Address (P.O. Box Number is Not Acceptable)  
**13160 BISCAYNE BLVD**

City  
**NO MIAMI FL** Zip Code  
**33181**

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 *Matusha Pardo*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/27/02**  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARDO, MATUSHA M</b> <b>11514 NW 10TH ST</b> <b>PEMBROKE PINES FL 33026</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARDO, ALBERTO</b> <b>11514 NW 10TH ST</b> <b>PEMBROKE PINES FL 33026</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Matusha Pardo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/02** **305-899-8925**  
 Date Daytime Phone #

CR2E034 (9/01)