

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90061 030 \*\*\*150.00

**DOCUMENT # P00000100798**

1. Entity Name  
**HEALING AND ENERGY TOUCH, INC.**



Principal Place of Business  
**1422 NORMANDY DRIVE  
MIAMI BEACH FL 33141**

Mailing Address  
**1422 NORMANDY DRIVE  
MIAMI BEACH FL 33141**



2. Principal Place of Business

**2180 W Bay Dr  
Suite, Apt. #, etc.  
9A**

3. Mailing Address

**2180 W Bay Dr  
Suite, Apt. #, etc.  
9A**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami Beach FL**

City & State  
**Miami Beach FL**

4. FEI Number **65-1047920**

Applied For  
Not Applicable

Zip **33141** Country **USA**

Zip **33141** Country **USA**

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

6. Name and Address of Current Registered Agent

**LOPEZ, CARLOS O  
1422 NORMANDY DRIVE  
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **CARLOS O. LOPEZ**  
Street Address (P.O. Box Number is Not Acceptable) **2180 W Bay Dr #9A**  
City **Miami Beach FL** Zip Code **33141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LOPEZ, CARLOS O	
STREET ADDRESS	1422 NORMANDY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LOPEZ, ELCIDA	
STREET ADDRESS	1422 NORMANDY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CARLOS O. LOPEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2180 W Bay Dr #9A	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE	Elcida Lopez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2180 W Bay Dr #9A	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/03 305-864-**

CR2E034 (10/02)