2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State P00000106147 DOCUMENT # 1. Entity Name HOLISTIC HEALTH HEALING, INC. 03-25-2002 90081 026 ***158.75 Pfincipal Place of Business Mailing Address 11238 TAMIAMI TRAIL E. 11238 TAMIAMI TRAIL E. NAPLES FL 34113 NAPLES FL 34113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1056352 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONTI. ROBERTO Street Address (P.O. Box Number is Not Acceptable) 11238 TAMIAMI TRAIL E. NAPLES FL 34113 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550:00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete CONTI, ROBERTO NAME STREET ADDRESS 11238 TAMIAMI TRAIL E. STREET ADDRESS NAPLES FL 34113 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE D۷ TITLE CONTI, GERARDA D NAME NAME 11238 TAMIAMI TRAIL E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-ZIP _ __ Change Addition TITLE ☐ Delete TITLE CONTI, ULIA NAME NAME 11238 TAMIAMI TRAIL E STREET ADDRESS STREET ADDRESS NAPLES FL 34113 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director

of the corporation or the receiver or trustee empowered to execute this report as

changed, or on an attachment with ar

SIGNATURE:

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required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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