## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000110979

Entity Name: BE WELL HOMEOPATHICS, INC.

FILED Sep 10, 2002 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4505 W FLAGLER ST, #202 2441 NW 93RD AV MIAMI, FL 33134 #107A

MIAMI, FL 33172

**Current Mailing Address: New Mailing Address:** 

4505 W FLAGLER ST, #202 PO BOX 1923 MIAMI, FL 33134 MIAMI, FL 33233

**FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLEMENT, RICHARD CLEMENT, RICHARD T 2977 MCFÁRLAND RD PO BOX 1923 MIAMI, FL 33133 MIAMI, FL 33233

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: RICHARD T. CLEMENT 09/10/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title: CLEMENT, RICHARD CLEMENT, RICHARD Name: Name: 4505 W FLAGLER ST, #202 #107 A 2441 NW 93RD AV Address: Address:

City-St-Zip: MIAMI, FL 33134 City-St-Zip: MIAMI, FL 33172

( ) Delete Title: VD Title: VD (X) Change ( ) Addition

BEN-JACOB, ISALI Name: Name: NEWMAN, DAVID 4505 W FLAGLER ST, #202 2470 TRAPP AVE Address: Address: MIAMI, FL 33134 MIAMI, FL 33133 City-St-Zip: City-St-Zip:

Title: Title: SD (X) Delete () Change () Addition

JIMENEZ, JUAN Name: Name: 4505 W FLAGLER ST, #202 Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD T. CLEMENT PTD 09/10/2002