

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 036 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

PO100000 8228

HARMONIZED HEALING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 VICKERY LANE

Suite, Apt. #, etc.

3. Mailing Address

2121 VICKERY LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DOVER, FL

City & State

DOVER, FL

4. FEI Number

593696335

Applied For

Not Applicable

Zip

33527

Country

USA

Zip

33527

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KIM NICOLAIS-KAEMENA

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

2121 VICKERY LANE

City

DOVER

FL

Zip Code

33527

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY - ST - ZIP

P KIM NICOLAIS-KAEMENA
2121 VICKERY LANE
DOVER FL 33527

TITLE
NAME
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kim Nicolais Kaemena KIM NICOLAIS-KAEMENA 4/28/02 913-752-5712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)