

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90004 023 ***150.00

0000124 AV

DOCUMENT # P01000028422

1. Entity Name

TOTAL HEALTH & WELLNESS III, INC.

Principal Place of Business

**936-D SOUTH HOWARD AVENUE
TAMPA FL 32606**

Mailing Address

**936-D SOUTH HOWARD AVENUE
TAMPA FL 32606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33606

33606

4. FEI Number

59-3706056

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

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

City

FL

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

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) ☐

**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 **PTD** ☒ Delete
ABBAS, OMAR F
STREET ADDRESS **936-D SOUTH HOWARD AVENUE**
CITY-ST-ZIP **TAMPA FL 32606**

TITLE NAME **PTD** ☒ Change ☒ Addition
LOU DERGOLA
STREET ADDRESS **936-D SOUTH HOWARD AVE.**
CITY-ST-ZIP **Tampa, FL. 33606**

TITLE NAME **VD** ☐ Delete
CAMPOS, RAY
STREET ADDRESS **936-D SOUTH HOWARD AVENUE**
CITY-ST-ZIP **TAMPA FL 32606**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **zip 33606**

TITLE NAME **S** ☐ Delete
ARVANTIS, DOUG
STREET ADDRESS **936-D SOUTH HOWARD AVENUE**
CITY-ST-ZIP **TAMPA FL 32606**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **zip 33606**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 **813-251-2052**
Date Daytime Phone #

CFR2E034 (9/01)