

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90557 035 ***150.00

DOCUMENT # P01000055017

1. Entity Name
HOLISTIC ORIENTATION TO PERSONAL ENHANCEMENT, IN C.

Principal Place of Business
14255 SW 57 LN #11
MIAMI FL 33183

Mailing Address
14255 SW 57 LN #11
MIAMI FL 33183

2. Principal Place of Business
14255 SW 57 LN.

3. Mailing Address

Suite, Apt. #, etc.
#11

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33183

Country
U.S.

Zip

Country

4. FEI Number
43-1955 290

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

SEMIDAY, ISABEL A
6526 KENDALE LAKES DR #1402
MIAMI FL 33183

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
P
 NAME
HEREAU-MIJARES, ANA M
 STREET ADDRESS
14255 SW 57 LN #11
 CITY-ST-ZIP
MIAMI FL 33183

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
SV
 NAME
SEMIDAY, ISABEL A
 STREET ADDRESS
6526 KENDALE LAKES DR #1402
 CITY-ST-ZIP
MIAMI FL 33183

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *ANA Hereau-Mijares* **4/19/02** **(305) 377-7584**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)