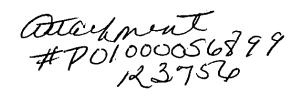
## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 08, 2002 8:00 am Secretary of State DOCUMENT # P01000056899 1. Entity Name 08-08-2002 90089 039 \*\*\*150.00 B & B WELLNESS CLINICS, INC. Principal Place of Business Mailing Address 521 N. FEDERAL HIGHWAY 521 N. FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 2871 Not Applicable 165 - III Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHACHNER, ROBERT D 9500 NW 11 TH STAEET Street Address (P.O. Box Number is Not Acceptable) 10324 N.W. 3RD STREET PLANTATION FL 33324 73322 Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of ROBERT D. SCHACHMIR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Detete TITLE TITLE SCHACHNER, ROBERT D NAME NAME TH STAU - 9500 NW 11 STREET ADDRESS STREET ADDRESS 10324 N.W. 3RD STREET CITY-ST-ZIP PLANTATION FL 33324 · 3 3322 CITY-ST-7IE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Weiśsman-Schachner , Bretta 10324 N.W. SRD STREET 9500 NW 11th STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 73322 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 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.

FILED



B & B Wellness Clinics, Inc. 521 North Federal Highway Hollywood, FL 33020

July 29, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: B & B Wellness Clinics, Inc. (P01000056899) Annual Report

Dear Sir or Madam,

We have received a second notice from your office requesting that we file an annual report. We have no record of having received a first notice. Therefore, we have enclosed a check payable to the Department of State in the amount of \$150.00, representing the annual fee for 2002 of \$150.00. Please accept our report and our payment as payment in full as we did not receive your first notice. Thank you for your consideration and cooperation in this matter. Also, please note the address changes on the report for the officers and registered agent. Thank you for your assistance.

Very Truly Yours,

Robert D. Schachner, President