

FILED
Jul 16, 2002 8:00 am
Secretary of State

04-29-2002 90069 036 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068586

1. Entity Name
SOBE HEALTH INC.

Principal Place of Business
16336 SHADOW COURT
MIAMI LAKES FL 33014

Mailing Address
16336 SHADOW COURT
MIAMI LAKES FL 33014

38781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2321 N. BAY ROAD

3. Mailing Address
2321 N. BAY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number

Applied For

Not Applicable

Zip
33139

Country
USA

Zip
33139

Country
USA

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

BARCIE, JOSEPH S
16336 SHADOW COURT
MIAMI LAKES FL 33014

Name
JOSEPH BARCIE

Street Address (P.O. Box Number is Not Acceptable)
2321 N. BAY ROAD

City
MIAMI BEACH

FL

Zip Code
33139

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 re-registering)

DATE

4-16-02

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PRESIDENT			
	JOSEPH BARCIE	2321 N. BAY ROAD	MIAMI BEACH, FL 33140	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition

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, which shall be like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-16-02

(954) 433-0451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Attachment

38781

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 4, 2002

SOBE HEALTH INC.
2321 N BAY RD
MIAMI BCH, FL 33139

Subject: SOBE HEALTH INC.

Reference Number: P01000068586

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JC

ANNUAL REPORTS SECTION

Attachment

38781

#PO1 0000 68586

July 8, 2002

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

Dear Katherine Harris,

I am in receipt of your letter dated June 4, 2002 (received June 18, 2002) requesting the names and addresses of the officers for SoBe Health, Inc.

At this time, I am the only person in this company – there are no other persons involved. Furthermore, I have chosen to wait until the economy improves before conducting business with this company.

When funding becomes available and/or others become involved in the company I will be happy to comply with your request. Until then, I honestly thought I filled out the enclose form.

Sincerely,



Joseph Barcie,
President
SoBe Health, Inc.
2321 North Bay Road
Miami Beach, FL 33140