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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90012 019 ***158.75

DOCUMENT # P01000078476

1. Entity Name
SOUTH BEACH HEALTH & WELLNESS CENTERS ✓

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B0092382

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2. Principal Place of Business	3. Mailing Address
555 NE 15 ST	555 NE 15 ST
Suite, Apt. #, etc.: 403	Suite, Apt. #, etc.: 403
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33132 Country: DADE	Zip: 33132 Country: DADE

4. FEI Number: 65-1132106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: GABRIEL E. MENDOZA

Street Address (P.O. Box Number is Not Acceptable): 555 NE 15 ST #403

City: MIAMI FL Zip Code: 33132

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, V/T/S/D/C/M
NAME	GABRIEL E MENDOZA
STREET ADDRESS	555 NE 15 ST #403
CITY-ST-ZIP	MIAMI FL. 33132
TITLE	
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CR2E034B (12/01)

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: GABRIEL E. MENDOZA 4/25/02 305-588-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #