

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-25-2002 90125 032 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086345 ✓

1. Entity Name
CHELATION & WELLNESS CENTERS, INC.

Principal Place of Business

Mailing Address

8000 SW 67TH AVE.
 MIAMI FL 33143

8000 SW 67TH AVE.
 MIAMI FL 33143

41342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

050730048

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SILVER, THEODORE ESQ.
 1570 MADRUGA AVE.
 STE. 216
 CORAL GABLES FL 33146

Name **BARRY N. BURAK**

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

8000 SW 67 AVE
 MIAMI FL 33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BARRY N. BURAK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when registering)

DATE

7-15-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 information.

SIGNATURE: X **BARRY N. BURAK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-02

Date

305-666-8883

Daytime Phone #

CR2E034 (4/02)