

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093531

1. Entity Name

The Art of health, Inc.

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

05-13-2002 90093 046 ***150.00

Principal Place of Business

4749 SW 8 Street
MIAMI, FL 33134

Mailing Address

5745 NW 112 Path
MIAMI, FL 33178

2. Principal Place of Business

4749 SW 8 Street

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-1153711

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Rivero, Arquimedes J.
5745 NW 112 Path
MIAMI, FL 33178

7. Name and Address of New Registered Agent

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

TITLE: President
NAME: Rivero Arquimedes J.
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE: Vice President
NAME: Ojeda, Ilcuna
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
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CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:  Ilcuna Ojeda Vice President

04/08/02

(305) 513-0101

Date

Daytime Phone #