

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

08-21-2002 90083 017 ***150.00

DOCUMENT # P01000108178

1. Entity Name

HEALTHY HOME BUSINESS SYSTEM INC.

Principal Place of Business

6800 NW 26 AVE
FT LAUDERDALE FL 33309

Mailing Address

6800 NW 26 AVE
FT LAUDERDALE FL 33309

2. Principal Place of Business

875 N.E. 48 St.

3. Mailing Address

875 N.E. 48 St

Suite, Apt. #, etc.

333

Suite, Apt. #, etc.

333

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH, FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN, LESLIE F

6800 NW 26 AVE

FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name LESLIE F. DEAN

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

875 N.E. 48 St. #333

City DEERFIELD BEACH

FL

Zip Code

33064

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



7-30-02

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 \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRES.	LESLIE F. DEAN	875 N.E. 48 St. #333	DEERFIELD BEACH FL 33064	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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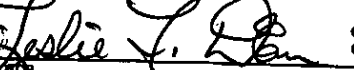
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

8/30/02

Daytime Phone #

954-2751429

CR2034 (4/02)

Attachment
PD1000108178

870797

DEAR SIR,

THE CORPORATION DID NOT
RECEIVE THE PRIOR NOTICE
BECAUSE OF CHANGE OF ADDRESS
NEW ADDRESS -
Healthy Home Business System INC.
875 NE 48 St. #323
Deerfield Beach, FL. 33064

SINCERELY

Lelia L. [Signature]
PRES. + REGISTERED AGENT