

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000122335

FILED
Apr 10, 2003
Secretary of State

Entity Name: NATIONAL HEALTHSTYLES FOUNDATION, INC.

Current Principal Place of Business:

4801 S. UNIVERSITY DRIVE
SUITE 2000
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4801 S. UNIVERSITY DRIVE
SUITE 2000
DAVIE, FL 33328

New Mailing Address:

FEI Number: 01-0629714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOCCELLA, ANGELO
1133 SOUTH UNIVERSITY DRIVE
SUITE 212
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ACOCELLA, ANGELO
Address: 1133 SOUTH UNIVERSITY DRIVE SUITE 212
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ACOCELLA, ANGELO
Address: 4801 S. UNIVERSITY DR. #2000
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO ACOCELLA

D

04/10/2003

Electronic Signature of Signing Officer or Director

Date