

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90716 018 ***150.00

DOCUMENT # P02000054779

1. Entity Name

Best Health and Wellness, Inc.



DO NOT WRITE IN THIS SPACE

11039623

2. Principal Place of Business

1970 N.E. 30th Street

Suite, Apt. #, etc.

3. Mailing Address

1970 N.E. 30th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lighthouse Point, FL

City & State
Lighthouse Point, FL

4. FEI Number
03-0455358

Applied For
Not Applicable

Zip
33064-7627

Country
United States

Zip
33064-7627

Country
United States

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jamie A. Plastina

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

1970 N. E. 30th Street

City

Lighthouse Point

FL

Zip Code

33064-7627

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

Jamie A. Plastina

Jamie A. Plastina, President

4-30-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/T/S
Jamie A. Plastina
1970 N.E. 30th Street
Lighthouse Point, FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
Steve Eller
4917 N.E. 14th Terrace
Pompano Beach, FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jamie A. Plastina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jamie A. Plastina

President

4-30-03 (954) 234-7260
Date Daytime Phone #

CR2E034B (12/02)