

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000060483

FILED
Oct 06, 2004
Secretary of State

Entity Name: UNIVERSAL HEALING CENTER FOR MASSAGE, INC.

Current Principal Place of Business:

14050 BISCAYNE BLVD.
SUITE 407
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

207 E HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009 US

Current Mailing Address:

14050 BISCAYNE BLVD.
SUITE 407
NORTH MIAMI, FL 33181 US

New Mailing Address:

207 E HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009 US

FEI Number: 20-0167822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, MELODIE R
14050 BISCAYNE BLVD.
SUITE 407
NORTH MIAMI, FL FL US

Name and Address of New Registered Agent:

TORRES, MELODIE R
400 DIPLOMAT PKWY.
207
HALLANDALE, FL 33009 US

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: MELODIE TORRES

10/06/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORRES, MELODIE R
Address: 14050 BISCAYNE BLVD. SUITE 407
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORRES, MELODIE R
Address: 400 DIPLOMAT PKWY. #207
City-St-Zip: HALLANDALE, FL 33009 US

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: MELODIE TORRES

P

10/06/2004

Electronic Signature of Signing Officer or Director

Date