2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **P93000031600**

1. Entity Name
NASEF WELLNESS CENTER, INC.

Principal Place of Business	Mailing Address
5503 SOUTH CONGRESS AVENUE	5503 SOUTH CONGRESS AVENUE
ATLANTIS FL	ATLANTIS FL
33463	33463

2. Principal Place of Business	3. Mailing Address
6300 LANTANA ROAD	6300 LANTANA ROAD
Suite, Apt. #, etc. 30	Suite, Apt. #, etc. 30
City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 33463 / Country	Zip 33463 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0406453** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NASEF MAHER A
5503 SOUTH CONGRESS AVENUE
ATLANTIS FL
33463 US

7. Name and Address of New Registered Agent

Name: NASEF MAHER A
Street Address (P.O. Box Number is Not Acceptable): 6300 LANTANA ROAD
SUITE 30
City: LAKE WORTH **FL** Zip Code: 33463

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 ____________________ 04/26/2001
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE V.P NAME MONA NASEF STREET ADDRESS 4270 JUNNIPER TERRACE CITY-ST-ZIP BOYNTON BEACH FL	☐ Change ☒ Addition
TITLE PVST NAME NASET MAHER STREET ADDRESS 4270 JUNIPER TERRACE CITY-ST-ZIP BOYNTON BEACH FL	☐ Delete	TITLE PVST NAME NASEF MAHER STREET ADDRESS 4270 JUNIPER TERRACE CITY-ST-ZIP BOYNTON BEACH FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Mona Nasef Ms. 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #