

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90261 015 ***150.00

DOCUMENT # P94000046894

1. Entity Name

HEALTH BOUTIQUE, INC.

Principal Place of Business

112 N. BIRCH RD.
SUITE 501
FT. LAUDERDALE FL 33304-4352
US

Mailing Address

112 N. BIRCH RD.
SUITE 501
FT. LAUDERDALE FL 33304-4352
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0499798**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIPNIS, ALAN
ONE FINANCIAL PLAZA
SUITE 2308
FT LAUDERDALE FL 33394Name **same**

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

100 NE Third Ave.**Suite 610**City **Ft. Lauderdale**

FL

Zip Code

33301-1156

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

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 State10. 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 **P** ☐ Delete
NAME **DIANE BERGHEIM**
STREET ADDRESS **4140 N. 43 AVE.**
CITY-ST-ZIP **HOLLYWOOD FL**TITLE **same** ☒ Change ☐ Addition
NAME **same**
STREET ADDRESS **3100 N. Ocean Blvd., Apt. 801**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**TITLE **VPST** ☐ Delete
NAME **B.J. FABRIC**
STREET ADDRESS **112 N. BIRCH RD., STE. 501**
CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Change ☐ 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: **B.J. Fabric**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/1/01 (954) 524-3838

CR2E034 (10/00)