2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED N

E OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED DOCUMENT # **P9400066529** Apr 28, 2000 8:00 am HOLISTIC HOUSE, INC. Holistic Therapies, INC. Secretary of State 04-28-2000 90073 039 ***150.00 Mailing Address Principal Place of Business 2200 NW 2ND AVE 2200 NW 2ND AVE ... BOCA RATON FL 33432 BOCA RATON FL 33431-7410 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State BOCA RATON, Applied For 4. FEI Number City & State 65-0524359 Not Applicable SOCA KAtON Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAZAR, WENDY 2200 NW 2ND AVE 212 **BOCA RATON FL 33432** Zip Code 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. 100 N 340 N X SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 ☐ Delete TITLE TITLE LAZAR, WENDY NAME NAME 17128 TEXAS TEALL STREET ADDRESS 2200 NW 2ND AVE #212 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Change Addition TITLE ☐ Delete TITLE YEPES, GABRIEL NAME NAME 9728 TEXAS TRAIL STREET ADDRESS 2200 NW 2ND AVE #212 STREET ADDRESS BOCA ROTON 76 33487 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 report eviewer or yustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all changed, or on an attachment with After like empowered