FILED

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 23, 2003 8:00 am Secrétary of State P94000066529 DOCUMENT # 07-23-2003 90054 035 \*\*\*550.00 1. Entity Name HOLISTIC THERAPIES, INC. Principal Place of Business Mailing Address 7728 TEXAS TRAIL 7728 TEXAS TRAIL **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address (ΣΕ. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State CDy & State / 4. FEI Number 65-0524359 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAZAR-YEPES, WENDY Box Number is Not 7728 TEXAS TRAIL **BOCA RATON FL 33487** 58. 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. WENDY LAZAR- YEARS TITLE Addition TITLE □ Delete LAZAR-YEPES, WENDY NAME NAME S.E. 6th Street 7727 TEXAS TRAIL STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE YEPES, GABRIEL NAME 7728 TEXAS TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487.** CITY-ST-ZIP Delete Change 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 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with a property of the corporation of the corporation or the receiver or trustee empowered.