

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90038 042 ***150.00

DOCUMENT # P94000082146

1. Entity Name
YOUR HEALTH SHOP INC. III

Principal Place of Business

401 BISCAYNE BLVD. 230
 BAYSIDE CENTER
 MIAMI FL 33132

Mailing Address

401 BISCAYNE BLVD. 230
 BAYSIDE CENTER
 MIAMI FL 33132-1924

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0534098

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROGOFF, RAUL
9448 HARDING AVE.
SURFSIDE FL 33154

Name -

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

730 Arthur Godfrey Road

City

Miami Beach

FL

Zip Code **33139**

Address Change Only

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, 2000 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGOFF, PAUL		NAME		
STREET ADDRESS	120 RIVA ALTO DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGOFF, ARLENE		NAME		
STREET ADDRESS	120 RIVA ALTO DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/20/00 *305-672-6068*

Date

Daytime Phone #

CR2E034 (9/99)