

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002286

1. Entity Name

WELLNESS SUCCESS GROUP, INCORPORATED

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90041 007 \*\*\*150.00

Principal Place of Business

Mailing Address

1774 BAY DR  
POMPANO BCH FL 33062  
US

1774 BAY DR  
POMPANO BCH FL 33062-2956  
US

2. Principal Place of Business

3200 N. Ocean blvd  
Suite, Apt. #, etc. 1803

3. Mailing Address

3200 N. Ocean blvd  
Suite, Apt. #, etc. 1803

City & State

Ft Lauderdale FL  
Zip 33308 Country U.S.A

City & State

Ft. Lauderdale FL  
Zip 33308 Country U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0550208

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATELLA, RONALD  
6150 SOUTHWEST EIGHTH COURT  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | P                    | <input type="checkbox"/> Delete |
| NAME           | SCANLON, PAULA       |                                 |
| STREET ADDRESS | 1774 BAY DR          |                                 |
| CITY-ST-ZIP    | POMPANO BCH FL 33062 |                                 |
| TITLE          | VP                   | <input type="checkbox"/> Delete |
| NAME           | GALLARDO, LOUIS      |                                 |
| STREET ADDRESS | 1774 BAY DR          |                                 |
| CITY-ST-ZIP    | POMPANO BCH FL 33062 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS | 2700 NE 9th Ct          |  |
| CITY-ST-ZIP    | Pompano Beach FL 333062 |  |
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS | 2700 NE 9th Ct          |  |
| CITY-ST-ZIP    | Pompano Beach FL 333062 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| 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

4/10/00

Date

Daytime Phone #

CR2E034 (9/99)