

UNIFORM BUSINESS REPORT (UBR)

090700

0051670

DOCUMENT # P95000022026

1. Entity Name

PURA SALUD GNC NO. 3 INC.

FILED

00 NOV -3 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400-755-70

Principal Place of Business

Mailing Address

2520 SW CORAL WAY
SUITE 6
MIAMI FL 33145
US

2520 SW CORAL WAY
STE 6
MIAMI FL 33145

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 65-0600876

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

CASTELLON, BARNEY
2520 COARL WAY #6
MIAMI FL 33145

Name

CASTELLON, BARNEY

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

2520 CORAL WAY # 6

City

MIAMI

FL

Zip Code

33145

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 \$550.00
After SEPTEMBER-13, 2000 Min: will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CASTELLON, TAMARA
2520 CORAL WAY #6
MIAMI FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
CASTELLON, ANA
2520 CORAL WAY #6
MIAMI FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
9000003480119--2
-11/29/00--01076--005
*****550.00 *****550.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
CASTELLON, ALAN
2520 CORAL WAY #6
MIAMI FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CASTELLON, BARNEY
2520 CORAL WAY #6
MIAMI FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
11LS

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, name, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/2000

Date

305 8604676

Daytime Phone

CR2E034 (5/00)