

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028644

1. Entity Name

ENHANCED HEALTH OR WEALTH, INC.

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

04-23-2000 90011 041 ***150.00

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 626 EAST 24TH STREET HIALEAH FL 33013 | 626 EAST 24TH STREET HIALEAH FL 33013-3926 |

| | |
|--------------------------------|---------------------|
| 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 | Applied For |
| 65-0623064 | Not Applicable |

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

| |
|---|
| 6. Name and Address of Current Registered Agent |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 |

| | | |
|--|----|----------|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | <input type="checkbox"/> Delete |
| NAME | D |
| STREET ADDRESS | PETERS, RALPH L |
| CITY-ST-ZIP | 626 EAST 24TH STREET HIALEAH FL 33013 |
| 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 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 | |
| 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: Ralph L. Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-583-1005
4-14-00 305-691-0291

CR2E034 (9/99)