

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038757

1. Entity Name

OPTIMUM WELLNESS TECHNOLOGIES, INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90074 025 ***150.00

Principal Place of Business

Mailing Address

3100 SW 137 TERRACE
DAVIE FL 33330

3100 SW 137 TERRACE
DAVIE FL 33330-1142

2. Principal Place of Business

3. Mailing Address

392 Seneca Lane
Suite, Apt. #, etc.

392 Seneca Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Boca Raton FL

Boca Raton FL

4. FEI Number

65-0609994

Applied For
Not Applicable

Zip 33487

Country USA

Zip 33487

Country USA

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

CASEY, G. F
3100 SW 137 TERRACE
DAVIE FL 33330

Name
G. Fraser Casey
Street Address (P.O. Box Number is Not Acceptable)

392 Seneca Lane

City Boca Raton FL Zip Code 33487

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 *G. Fraser Casey*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASEY, FRAZIER 3100 SW 137 TERR DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASEY, BARBARA 3100 SW 137 TERR DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Casey, Fraser 392 Seneca Lane Boca Raton, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Casey, Barbara 392 Seneca Lane Boca Raton, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *G. Fraser Casey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (561) 893-0318

CR2E034 (9/99)