

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90533 025 ***150.00

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DOCUMENT # P95000088555

1. Entity Name

PATHWAYS TO HEALING, INC.



Principal Place of Business

**1905 IXORA RD
NORTH MIAMI FL 33181
US**

Mailing Address

**1905 IXORA RD
NORTH MIAMI FL 33181
US**

2. Principal Place of Business

1055 92 ST

Suite, Apt. #, etc.

#6

3. Mailing Address

20 Box 3775

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Bay Harbour Isl FL

City & State

Hallandale FL

4. FEI Number

65-0622950

Applied For

☐ Not Applicable

Zip

33154

Country

US

Zip

33008

Country

US

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

**- SAVITT, ROBERTA M
- 1905 IXORA RD
- NORTH MIAMI FL 33181**

**1055 92 ST #6
Bay Harbour Isl FL
33154**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Roberta M. Savitt**
Signature, typed or printed name of registered agent and title if applicable.

Roberta M. Savitt President
(NOTE: Registered Agent signature required when reinstating)

4/24/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **SAVITT, ROBERTA M**
STREET ADDRESS **1905 IXORA RD**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Roberta M. Savitt**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roberta M. Savitt President
Date **4/24/03** Daytime Phone # **954 6147052**

CR2E034 (10/02)