

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90090 037 ***150.00

DOCUMENT # P95000095104

1. Entity Name

WEIGHT LOSS & FAMILY HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

**17011 PINES BLVD
 PEMBROKE PINES FL 33027**

**2460 NO. UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024-3624**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINE FL

4. FEI Number

65-0627079

Applied For

Not Applicable

Zip

Country

Zip

Country

33027

BROWARD

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

RAMOS, CATHERINE

**~~2460 NO. UNIVERSITY DRIVE~~
 PEMBROKE PINES FL 33024**

Name

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

17011 PINES BLVD

City

PEMBROKE PINES

FL

Zip Code

33027

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **RAMOS, CATHERINE**
 STREET ADDRESS **890 SW 174TH TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

4-6-00

7048811

C-R2EN34 (9/99)