

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P96000076492

1. Entity Name

HEALING PRANA, INC.

2

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-16-2000 90080 012 ***150.00

Principal Place of Business

651 W WOOLBRIGHT RD
BLDG E. APT 404
BOYNTON BEACH FL 33435
US

Mailing Address

651 E WOOLBRIGHT RD
BLDG E. APT 404
BOYNTON BEACH FL 33435-6159
US

2. Principal Place of Business

Done
8168 SE Paurotis Lane

3. Mailing Address

8168 SE Paurotis Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, Fla

City & State

Hobe Sound, Fla

Zip
33455

County
Martin

Zip
33455

County
Martin

4. FEI Number

65-0702077

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLBERT, DEBORAH
651 E WOOLBRIGHT RD
BLDG E, APT 404
BOYNTON BEACH FL 33435

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 the 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COLBERT, DEBORAH
651 E WOOLBRIGHT RD, BLDG E APT 404
BOYNTON BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

CR2E034 (9/99)