

UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90110 002 ***150.00

MENT #

HEALTH RETREAT OF FLA,
CORP.
P960000289862

Principal Place of Business

Mailing Address

4836 SW 72 AVE
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

4836 SW 72 AVE

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI 33155

Zip

Country

Zip

Country

FL

USA

4. FEI Number

65-0708393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONIKA TAKOUN
7100 SW 64 STR
MIAMI, FL 33143

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

M. Takoun

3/17/00

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	President	<input type="checkbox"/> Delete
NAME	MONIKA TAKOUN	
STREET ADDRESS	7100 SW 64 STR	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	V. P.	<input type="checkbox"/> Delete
NAME	ISAM TAKOUN	
STREET ADDRESS	7100 SW 64 STR	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

M. Takoun MONIKA TAKOUN 4/24/00 305 663-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)