

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90002 006 ***150.00

DOCUMENT # 0960000010945
1. Entity Name
 YOUR Total Healthcare center Inc.

Principal Place of Business 313 NE 92 St.
 Miami Shores, Fla. 33138
Mailing Address 313 NE 92 St.
 Miami Shores, Fla. 33138

2. Principal Place of Business 313 NE 92 St.
 Suite, Apt. #, etc.
3. Mailing Address 9520 NW 9th Ct
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami Shores **City & State** Plantation Fla.
Zip 333138 **Country** **Zip** 33324 **Country** U.S.A.
4. FEI Number 65-0742686 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent Alexis Powell
 313 NE 92 St.
 Miami Shores Fla. 33138
7. Name and Address of New Registered Agent Rona McKenzie
 Street Address (P.O. Box Number is Not Acceptable) 9520 NW 9th Ct.
 City Plantation FL Zip Code 33324

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 Rona McKenzie - Treasurer 4-23-00
 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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3321 Farnagut St.		STREET ADDRESS		
CITY-ST-ZIP	Hollywood Fla, 33021		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	313 NE 92 St.		STREET ADDRESS		
CITY-ST-ZIP	Miami Shores, Fla. 33138		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Rona McKenzie		STREET ADDRESS		
CITY-ST-ZIP	9520 NW 9th Ct		CITY-ST-ZIP		
	Plantation, Fla. 33324				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Rona McKenzie - Treasurer 4-23-00 954-832-0055
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)