

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019372

1. Entity Name

WELLNESS TECHNOLOGIES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90072 019 ***150.00

Principal Place of Business

Mailing Address

100 EDGEWATER DR.
 SUITE 242
 CORAL GABLES FL 33133

100 EDGEWATER DR.
 SUITE 242
 CORAL GABLES FL 33131-2609

2. Principal Place of Business

3. Mailing Address

520 Brickell Key Drive

520 Brickell Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite: A-613

Suite: A-613

City & State

City & State

Miami, FL 33131

Miami, FL

Zip
33131

Country

USA

Zip
33131

Country

USA

4. FEI Number **65-0751024**

Applied For

Not Applicable

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

STOLL, STEVEN M ESQ.
 1117 PONCE DE LEON DRIVE
 FORT LAUDERDALE FL 33316

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

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 **WELDON, KAYE LANE**
 STREET ADDRESS **100 EDGEWATER DR. 242**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE ☒ Change ☐ Addition
 NAME *Weldon, Kaye Lane*
 STREET ADDRESS *520 Brickell Key Drive, #A-613*
 CITY-ST-ZIP *Miami, FL 33131*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Kaye Weldon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.00
 Date

(305)373-3669
 Daytime Phone #