

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030645

1. Entity Name

PAIN RELIEF NOW, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90114 013 ***150.00

Principal Place of Business

Mailing Address

4340 NORTHWEST 19TH AVENUE
BUILDING 8, BAY G
POMPANO BEACH FL 33064

4340 NORTHWEST 19TH AVENUE
BUILDING 8, BAY G
POMPANO BEACH FL 33064-8710

2. Principal Place of Business

2182 N.W. 18th Ave Unit 9
Suite, Apt. #, etc.

3. Mailing Address

2182 NW 18th Ave Unit 9
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch, FL

City & State

Pompano Bch, FL

4. FEI Number

65-0751310

Applied For

Not Applicable

Zip

Country

33069

Zip

Country

33069

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

ROSENTHAL, STEPHEN B ESQ.
8142 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321

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

<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME D</p> <p>STREET ADDRESS CAVINESS, RONALD</p> <p>CITY-ST-ZIP 4340 N. W. 19TH AVENUE, BLDG. 8, BAY G</p> <p>POMPANO BEACH FL 33064</p>	<p>TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME D</p> <p>STREET ADDRESS CAVINESS, RONALD</p> <p>CITY-ST-ZIP 2182 N.W. 18th Ave Unit 9</p> <p>Pompano Bch, FL 33069</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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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

4-18-2000

Date

(954) 974-9040

Daytime Phone #

CR2E034 (9/99)