

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065154

1. Entity Name

THE WOMEN'S WELLNESS CENTER OF SOUTH FLORIDA, P.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90073 012 ***150.00

Principal Place of Business

Mailing Address

2345 W. HILLSBORO BLVD
#201
DEERFIELD BCH FL 33442
US

2919 E COMMERCIAL BLVD #A
FT LAUDERDALE FL 33308-4207
US

2. Principal Place of Business

3. Mailing Address

2800 E. Commercial Blvd #208

2800 E. Commercial Blvd #208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLVD #208

#208

City & State

City & State

FT. LAUDERDALE

FT. LAUDERDALE

Zip

Country

Zip

Country

33308

FL 33308



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0767319

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

ALLEN H KATZ, P.A.
2919 E COMMERCIAL BLVD #A
FT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

2800 E. Commercial Blvd #208

#208

FT. LAUDERDALE

FL

Zip Code

33308

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 ☐ Delete
NAME D
STREET ADDRESS TARA ASOLOMON, MD
CITY-ST-ZIP 22556 CARAVILLE CIR
BOCA RATON FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 561-394-4200

CR2E034 (9/99)