

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000091542****1. Entity Name**

VOLUKAI CENTER FOR MIND & BODY, INC.

Principal Place of Business8045 NORTH WEST 36TH STREET
SUITE 528
MIAMI
33166

FL

Mailing Address8045 NORTH WEST 36TH STREET
SUITE 528
MIAMI
33166

FL

2. Principal Place of Business

8201 NORTH WEST 66TH STREET

3. Mailing Address

8201 NORTH WEST 66TH STREET.

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number

65-0789110

Applied For

Not Applicable

Zip

33166

Country**Zip**

33166

Country**5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**CUNHA ILIANA
8045 NORTH WEST 36TH STREET SUITE 528

MIAMI

33166

FL

US

7. Name and Address of New Registered Agent**Name**

CUNHA ILIANA

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

8201 NORTH WEST 66TH STREET

SUITE 3**City**

MIAMI

FL**Zip Code**

33166

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)

03/30/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VTD	<input type="checkbox"/> Delete
NAME	CUNHA ILIANA	
STREET ADDRESS	8045 NORTH WEST 36TH STREET SUITE 528	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ROCHA AMARO	
STREET ADDRESS	8045 NORTH WEST 36TH STREET SUITE 528	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNHA ILIANA	
STREET ADDRESS	8201 NORTH WEST 66 STREET SUITE 3	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHA AMARO	
STREET ADDRESS	8201 NORTH WEST 66TH STREET SUITE 3	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: AMARO ROCHA

PSD 03/30/2000