

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014775

1. Entity Name

MIND/BODY NETWORK, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90064 003 \*\*\*150.00

Principal Place of Business

9230 S.W. 40 STREET  
SUITE E  
MIAMI FL 33165

Mailing Address

9230 S.W. 40 STREET  
SUITE E  
MIAMI FL 33165-4166

2. Principal Place of Business

3. Mailing Address

7235 SW 24 ST.

7235 SW 24 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33155

Country  
USA

Zip  
33155

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR  
65-0819070

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

DE LA FE, NILDA

~~9230 S.W. 40 STREET~~ 7235 SW 24 ST.  
~~SUITE E~~ Suite 210  
~~MIAMI FL 33165~~ Miami, FL 33155

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	<input type="checkbox"/> Delete
NAME	DE LA FE, NILDA	
STREET ADDRESS	6310 SW 93RD PL	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	STROM, LISA	
STREET ADDRESS	6310 SW 93RD PL	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VILLALBA, MARIA E	
STREET ADDRESS	5825 SW 117TH AVE	
CITY-ST-ZIP	MIAMI FL 33183	
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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delgado Lesmes, ANA	
STREET ADDRESS	7170 SW 4 Street	
CITY-ST-ZIP	Miami, FL 33144	
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		

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:

*Nilda De La Fe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/00 305-279-9843  
Date Daytime Phone #

CR2E034 (9/99)