FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 20, 2001 8:00 am DOCUMENT # P 98000042232 **Secretary of State** WELLNESS ENTERPRISES, INC. 02-20-2001 90086 038 ***150.00 Principal Place of Business Mailing Address A0025013 2. Principal Place of Business 3. Mailing Address <u>301 COSTA BRAVA CT.</u> 301 Costa Braya CT. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>65-0834689</u> ORAL Ga Not Applicable ORAL Country Dode \$8.75 Additional 5. Certificate of Status Desired *331*43 7. Name and Address of New Registered Agent & 6. Name and Address of Current Registered Agent Morales, Elise Morales 301 COSTA BRAVA CT. ORAL GABLES, FL 33143 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 Address SIGNATURE ! FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITI F ☐ Delete TITLE ☐ Addition MORALES, ELISE NAME NAME 301 COSTÁ BRAVA CT 301 COSTA BRAVA CT. STREET ADDRESS STREET ADDRESS 33143 CORAL GABLES, FL CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, F) ☐ Delete Change ☐ Addition TITLE TITLE SY D MORALES, OSCAR NAME NAME 301 COSTA BRAYA CT. STREET ADDRESS STREET ADDRESS BRAYA 301 COSTA CITY-ST-7IP CITY-ST-7IP 33143 GABLES FL 33143 CORAL GABLES, FL TITLE TITLE Change ☐ Delete - 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: