

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90124 023 \*\*\*150.00

**DOCUMENT # P98000061335**

1. Entity Name

**SOUTHEASTERN WELLNESS INSTITUTE, INC.**

Principal Place of Business

6876 STIRLING RD  
 DAVIE FL 33024

Mailing Address

6876 STIRLING RD  
 DAVIE FL 33024

2. Principal Place of Business

16300 NE 19 Ave

3. Mailing Address

PO Box 630160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

112

City & State

N MIAMI BCH FL

City & State

MIAMI FLA

Zip

33162

Country

Dade

Zip

33163

Country

Dade

4. FEI Number

65-0870073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CASE, JUSTIN  
 6876 STIRLING RA  
 DAVIE FL 33024

7. Name and Address of New Registered Agent

Name

JUSTIN CASE

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

16300 NE 19 Ave

#112

City

N MIAMI BCH FL

Zip Code

33162

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

*Justin Case*

March 5, 2001

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, 2001 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

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	EUBANKS, MENTORA	
STREET ADDRESS	126 GOLDEN BEACH DR	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EUBANKS, MENTORA	
STREET ADDRESS	126 GOLDEN BEACH DR	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT HARTMAN	
STREET ADDRESS	16300 NE 19 Ave	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE	ST MAE BAGWELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	20200 NE 27 CT -J-6	
STREET ADDRESS	AVENTURA FL 33180	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTIN CASE	
STREET ADDRESS	16300 NE 19 Ave	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
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:

*Justin Case VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

March 5, 2001 949-4420

CR2E034 (10/00)

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