

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90154 011 ***150.00

DOCUMENT # P98000061335

1. Entity Name

SOUTHEASTERN WELLNESS INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

975608

2. Principal Place of Business

16300 NE 19TH AVE # 112

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 630160

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH FL

City & State

MIAMI, FL

4. FEI Number

65-0870073

Applied For

Not Applicable

Zip

33162

Country

Zip

33163

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MENTORA EUBANKS

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

126 GOLDEN BEACH DRIVE

City

GOLDEN BEACH, FL

FL

Zip Code

33160

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

08/12/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PVPST	MENTORA EUBANKS	126 GOLDEN BEACH DRIVE	GOLDEN BEACH, FL 33160				

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MENTORA EUBANKS

08/12/02

Date

305-945-7892

Daytime Phone #



Attachments a78608

Accounting & Bookkeeping Service, Inc.

16300 NE 19th Ave #231
North Miami Beach, FL 33162

Date: August 13, 2002 (305) 945-7892 Fax (305) 945-7675

To: Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

From: Mark Fernandes
Accounting & Bookkeeping Services, Inc.
16300 NE 19th Ave Suite # 231
North Miami Beach, FL 33162

CC: Mentora Eubanks
Southeastern Wellness Institute, Inc

RE: Resubmission of 2002 Uniform Business Report (UBR) for. Southeastern Wellness
Institute, Inc Document # P98000061335

Dear Sir or Madam:

We recently received a 2002 Uniform Business Report (UBR) with a filing fee of \$550.00. On April 30, 2002 we mailed the requested 2002 Uniform Business Report (UBR) to the Department of State along with check # 1975 dated 4/30/02 for \$ 150.00 by certified mail (see attached).

Although, we had previously mailed the UBR in a timely manner, we are re-submitting the 2002 Uniform Business Report with a replacement check # 2148 dated 8/12/02. In addition, we are issuing a stop payment for check # 1975 dated 4/30/02 for the amount of \$ 150.00. If you have any questions please call me at 305-945-7892.

Thank you for prompt response,

Mark Fernandes
Accounting & Bookkeeping Services, Inc.

Attachment

975608

97800006/335

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

9700 0520 0016 7322 0026

Request: TALLAHASSEE, FL 32302

Postage	\$ 0.34
Certified Fee	\$ 2.10
Return Receipt Fee (Endorsement Required)	\$ 0.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 2.44

Postmark: APR 20 2002 MIAMI, FL

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Div. of Corp. UBR Filings
Street, Apt. No., or PO Box No.
P.O. Box 1500
City, State, ZIP+4
Tallahassee, FL 32302-1500

PS Form 3800, February 2000 See Reverse for Instructions