2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000061335 **DOCUMENT #** · 1. Entity Name

FILED Aug 06, 2003 8:00 am Secretary of State

08-06-2003 90056 047 ***150.00

SOUTHEASTERN WELLNESS INSTITUTE, INC.								
Principal Place of Business 16300 NE 19 AVENUE 112 MIAMI FL 33162		Mailing Address P.O. BOX 630160 MIAMI FL 33163						
2. Principal F 3700	3. Mailing Address	Address						
3700 Washington St. Suite, Apt. #, etc. Suite # 200		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
Holly wood FL		City & State			4. FEI Number	65-0870073		pplied For ot Applicable
3302	/ Country	Zip	Country	′	5. Certificate of	_	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	idress of New Registere	d Agent	
EUBANKS, MENTORA 126 GOLDEN BEACH DRIVE GOLDEN BEACH FL 33160				Name Street Address (P.O. Box Number is Not Acceptable) 3 7 0 0 WASHINGTON ST 200 City Hally was 5 FL Zip Code 3 302				
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 After Sentember 10, 2003. Fee will be \$750.00 9. Election Campaign Financing \$5.00 May Be								
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					Trust F	Fund Contribution.	Added	to Fees
TITLE NAME STREET ADDRESS: CITY-ST-ZIP	PVPS EUBANKS, MENTORA 126 GOLDEN BEACH DRIVE GOLDEN BEACH FL 33160	DIRECTORS Delete	TITLE NAME STREET	ADDRESS 37	5 58 PM23 00 WAS	IANGES TO OFFICERS A LLEVTO VOR A LOCADOL & LOCADOL (F	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ADDRESS			☐ Change	Addition
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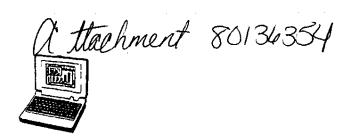
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

une required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



Accounting & Bookkeeping Service, 9nc.

1990 N.E. 163rd St., Suite #108 North Miami Beach, FI 33162 (305) 945-7892 Fax (305) 945-7675

Date:

August 2, 2003

To:

Division of Corporations

Uniform Business Report Filings

P. O. Box 1500

Taliahassee, FL 32302-1500

From:

Mark Fernandes

Accounting & Bookkeeping Services, Inc.

1990 NE 163rd Street Suite # 108 North Miami Beach, Fl 33162

CC:

Mentora Eubanks, President

Southeastern Wellness Institute, Inc.

RE:

Resubmission of 2003 Uniform Business Report (UBR) for Southeastern Wellness

Institute, Inc. Document # P98000061335.

Dear Sir or Madam:

We recently received a 2003 Uniform Business Report (UBR) with a filing fee of \$550.00. On April 14, 2003 we mailed the requested 2003 Uniform Business Report (UBR) to the Department of State along with check # 1021 dated 4/10/03 for \$ 150.00 by certified mail (see attached).

Although, we had previously mailed the UBR in a timely manner, we are re-submitting the 2003 Uniform Business Report with a replacement check # 1196 dated 8/2/03. In addition, we are issuing a stop payment for check # 1021 dated 4/10/03 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

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) Article Sent To: INLLAHASSEE FL 32302
·	Postage \$ 0.37 46 13 16 16 16 16 16 16 16 16 16 16 16 16 16
,	Name (Fleese Print Clearly, to be completed by meijer) Name (Fleese Print Clearly, to be completed by meijer) Name (Fleese Print Clearly, to be completed by meijer) Name (Fleese Print Clearly, to be completed by meijer) Speed Apt. No.; or FO Box No. City, State, ZIP+4 Tallahassee, FL 32302-1500 PS Form 3800, July 1999 See Reverse for Instructions
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