

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-06-2003 90056 047 ***150.00

0131006 AT

DOCUMENT # P98000061335

1. Entity Name

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 Place of Business

3700 Washington st.

3. Mailing Address

Suite, Apt. #, etc.

Suite # 200

City & State

Hollywood, FL

City & State

Zip

33021

Country

Country

4. FEI Number

65-0870073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EUBANKS, MENTORA
126 GOLDEN BEACH DRIVE
GOLDEN BEACH FL 33160**

7. Name and Address of New Registered Agent

Name

JUSTIN CASE

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

3700 WASHINGTON

City

**ST 200
Hollywood**

FL

Zip Code

33021

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

Justin Case
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/03

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVPS** ☐ Delete
NAME **EUBANKS, MENTORA**
STREET ADDRESS **126 GOLDEN BEACH DRIVE**
CITY-ST-ZIP **GOLDEN BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVPS** ☒ Change ☐ Addition
NAME **EUBANKS, MENTORA**
STREET ADDRESS **3700 WASHINGTON ST 200**
CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03

Date

Daytime Phone #

CR2E034 (4/03)



Accounting & Bookkeeping Service, Inc.

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

Date: August 2, 2003

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

80136354

#P98000061335

7099 3400 0005 6674 7401

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: TALLAHASSEE FL 32302	
Postage	\$ 0.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 2.67

465
TALLAHASSEE MIAMI FL 32302
Postmark Here
APR 14 2003
04/14/2003

Name (Please Print Clearly, to be completed by mailer)	
Division of Corp. UBR Filings	
P.O. Box 1500	
Tallahassee, FL 32302-1500	

PS Form 3800, July 1999 See Reverse for Instructions