

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062380

1. Entity Name

NALDA FAMILY WELLNESS CENTER INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90141 042 ***150.00

Principal Place of Business

Mailing Address

11300 N.W. 87TH CT
#141
HIALEAH GARDENS FL 33016

11300 N.W. 87TH CT
#141
HIALEAH GARDENS FL 33018-4520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0850812

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

00016109



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ALEJANDRO NALDA
Street Address (P.O. Box Number is Not Acceptable)
13255 SW 46TH TERRACE

City MIAMI

FL

Zip Code 33175

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME ~~NALDA, ANTHONY~~
STREET ADDRESS ~~993 WEST 30TH PLACE~~
CITY-ST-ZIP ~~HIALEAH FL 33012~~

TITLE ☐ Delete
NAME NALDA, ALEJANDRO
STREET ADDRESS 13255 S.W. 46TH TERRACE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☒ Delete
NAME ~~NALDA, MARTINE~~
STREET ADDRESS ~~993 WEST 30TH PLACE~~
CITY-ST-ZIP ~~HIALEAH FL 33012~~

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

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

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

TITLE ☐ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS CARIDAD I NALDA
CITY-ST-ZIP 13255 SW 46TH TERRACE
MIAMI, FL. 33175

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

TITLE ☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEJANDRO NALDA
PRESIDENT

Date

Daytime Phone #

2/1/00 (305) 576-9886