

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086291

1. Entity Name

BETTER HEALTH SYSTEMS, INC.

Principal Place of Business

Mailing Address

1101 SOUTHWEST 1ST STREET
MIAMI FL

1101 SOUTHWEST 1ST STREET
MIAMI FL 33144-2564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

85 Grand Canal Drive #209

85 Grand Canal Drive Suite 209

City & State

City & State

Miami Florida

Miami Florida

Zip

Country

Zip

Country

33144

None

33144

None

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELENDEZ, DRIOBAN
1101 SOUTHWEST 1ST STREET
MIAMI FL

Name

Mendez Drioban

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

85 Grand Canal Drive Suite 209

City

Miami

FL

Zip Code

33144

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
PERAZA, CRISTOBAL
~~1101 SOUTHWEST 1ST STREET~~
~~MIAMI FL~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
MELENDEZ, DRIOBAN
~~1101 SOUTHWEST 1ST STREET~~
~~MIAMI FL~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DRIOBAN MENDEZ

Date

Daytime Phone #

3-15-00 (305) 263 8340



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0868659 Applied For ☐ Not Applicable ☐

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

CR2E034 (9/99)