

Apr 04 02 04:35p

Diaz Corp of Coral Way

3054463444

p.1

AMENDED

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 11 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000088210

1. Entity Name

GOOD HEALTH ON THE BEACH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1131 71 Street

Suite, Apt. #, etc.

3. Mailing Address

1131 71 Street

Suite, Apt. #, etc.

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-05/06/02--01023--002

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

Zip

33141

Country

USA

City & State

Miami Beach, FL

Zip

33141

Country

USA

4. FEI Number

65-0869726

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

RUY PARDO

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

6801 INDIAN CREEK APT 507

City MIAMI BEACH

FL

Zip Code
33141DO NOT WRITE
IN THIS SPACE

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 reissuing)

DATE

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	P.S.D.
NAME	Ruy Pardo
STREET ADDRESS	6801 Indian Creek Apt.507
CITY-ST-ZIP	Miami Beach, FL 33141

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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)(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 on an attachment with an address with all other like empowered.

SIGNATURE:

RUY-PARDO

APRIL 04, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Block 11)

CFR2E034B (12/01)