

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 MAY 25 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012892

1. Entity Name
Principal Place of Business Mailing Address
PRODUCTS OF SELF HEALTH INTERNATIONAL,
9500 BAY HARBOR DR APT 2A INC.
BAY HARBOR ISLANDS, FL 33154-2014

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
4. FEI Number 65-0459004
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PHILLIP L. GLICKMAN CPA
605 IVES DAIRY ROAD
SUITE 6103
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signatures, typed or printed name of registered agent and title if applicable.

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
TITLE Delete
NAME PRESIDENT
STREET ADDRESS ELLEN GAUGHAN FOX #2A
CITY-ST-ZIP 9500 WEST BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL 33154
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
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CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 Change Addition
CITY-ST-ZIP 200003291062--0
06/15/00 01050 010
****150.00 ****150.00
 Change Addition
 Change Addition
 Change Addition
 Change Addition
TS 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: Ellen Gaughan Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/23/2000 Daytime Phone # (305) 866-1509

CR2E034 (9/99)