

2001 UNIFORM BUSINESS REPORT (UBR)

PS 10-5
018892

DOCUMENT # **P99000012892**

1. Entity Name
PRODUCTS OF SELF-HEALTH INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 AM 11:08

Principal Place of Business Mailing Address
9500 BAY HARBOR DR APT. 2A BAY HARBOR ISLANDS FL 33154-2014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1060 Home Concourse
 Suite, Apt. #, etc. **BHI**
 City & State **FLA**

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
GLICKMAN, PHILIP L CPA
605 IVES DAIRY RD., STE. 6103
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent
 Name **Ellen J Fox**
 Street Address (P.O. Box Number is Not Acceptable) **9500 W Bay Dr 2A**
 City **BHI FLA** FL Zip Code **33154**

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 **Ellen M Fox** (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	P FOX, ELLEN G 9500 BAY HARBOR DR, APT. 2A BAY HARBOR ISLANDS FL 33154 <i>Pres</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500004638475--1 -10/16/01--01038--019 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>BHI/12</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 J Fox** 9-5-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



2012
2ND Time
Pending Doc

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 14, 2001

PRODUCTS OF SELF HEALTH INTERNATIONAL, INC.
1060 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

SUBJECT: PRODUCTS OF SELF HEALTH INTERNATIONAL, INC.
Ref. Number: P99000012892

We have received your document for PRODUCTS OF SELF HEALTH INTERNATIONAL, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 001A00051753

I have called and spoke to several people

550.00
8.75

558.75

at the office and they told me

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Due To a Death 10 like rate in January

And they said and \$150.