FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P99000012892 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90159 036 ***150.00 PRODUCTS OF SELF HEALTH INTERNATIONAL, INC. Principal Place of Business Mailing Address 9500 BAY HARBOR DR 1060 KANE CONCOURSE **BAY HARBOR ISLANDS FL 33154** APT 2A BAY HARBOR ISLAND FL 33154-2014 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0459004 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOX. ELLEN G Street Address (P.O. Box Number is Not Acceptable) :9500 W. BAY DR 2A BAY HARBOR ISLANDS FL 33154 City Zip Code FL 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 CILEN M. Fox. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE NAME FOX, ELLEN G NAME NONE 9500 BAY HARBOR DR, APT. 2A STREET ADDRESS STREET ADDRESS **BAY HARBOR ISLANDS FL 33154** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition N.AME NAME S' REET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP President Ellen MFX TITUE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP 13. I thereby 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 c manged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen M Fo Date

Daytime Phone #