

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017534

1. Entity Name

ULTIMATE HEALTH CORPORATION

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90169 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1597 NW 97 TERRACE  
CORAL SPRINGS FL 33071

1597 NW 97 TERRACE  
CORAL SPRINGS FL 33071-5957

2. Principal Place of Business

3. Mailing Address

879 Tivoli Circle

879 Tivoli Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103

#103

City & State

Deerfield Beach FL

City & State

Deerfield Beach

Zip

33441

Country

USA

Zip

33441

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0915173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAUP, MARA L  
1597 NW 97 TERRACE  
CORAL SPRINGS FL 33071

Name

N/A

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

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	PD	<input type="checkbox"/> Delete
NAME	FAUP, MARA L	
STREET ADDRESS	1597 NW 97 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUP, MARA L	
STREET ADDRESS	879 TIVOLI CIRCLE #103	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mara L. Faup

Date

4/25/00 (504) 481-3493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)