

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90011 005 \*\*\*150.00

945026



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000022678**

1. Entity Name

**HEALTH & BEYOND INCORPORATED**

Principal Place of Business

Mailing Address

145 MADEIRA AVE. STE. 310  
 CORAL GABLES FL 33134

145 MADEIRA AVE. STE. 310  
 CORAL GABLES FL 33134-4520

2. Principal Place of Business

3. Mailing Address

6595 N.W. 36TH STREET

6595 NW 36TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

214

214

City & State

City & State

MIAMI - FL

MIAMI - FL

Zip

Country

33166

USA

Zip

Country

33166

USA

4. FEI Number

65-0905795

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

SANCHEZ DE VARONA, RAUL J  
 145 MADEIRA AVE. STE. 310  
 CORAL GABLES FL 33134

Name

FRANCISCO J. CASTRO

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

6595 N.W.

36TH STREET, SUITE 214

City

MIAMI - FL

FL

Zip Code

33166

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]*

FRANCISCO J. CASTRO

03/22/00

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 ☐ Delete  
 NAME D  
 STREET ADDRESS CASTRO, FRANCISCO  
 CITY-ST-ZIP 4859 S.W. 152ND COURT STE. A  
 MIAMI FL 33185

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 officer-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/00

Date

(305) 870-9933

Daytime Phone #