

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030046

1. Entity Name

LIVING ENERGY HEALS, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90206 010 ***158.78

Principal Place of Business

Mailing Address

932 NORTH "O" STREET
LAKE WORTH FL 33460

932 NORTH "O" STREET
LAKE WORTH FL 33460-2746

2. Principal Place of Business

3. Mailing Address

111 NORTH "M" STREET

111 NORTH "M" STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 1

APT. # 1

City & State

City & State

LAKE WORTH FLORIDA

LAKE WORTH FLORIDA

Zip

Country

Zip

Country

33460

U.S.A

33460

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

BEZWIECHIN, CHAM
932 NORTH "O" STREET
LAKE WORTH FL 33460

Name CHAM BEZWIECHIN

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

111 NORTH "M" STREET

APT. # 1

City

LAKE WORTH

FL

Zip Code

33460

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

CHAM BEZWIECHIN

Cham Bezwiechin

4/5/2000

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 PVPD
NAME BEZWIECHIN, CHAM
STREET ADDRESS 932 NORTH "O" STREET
CITY-ST-ZIP LAKE WORTH FL 33460

☐ Delete

TITLE
NAME CHAM BEZWIECHIN
STREET ADDRESS 111 NORTH "M" STREET APT. #1
CITY-ST-ZIP LAKE WORTH FL 33460

☐ Change ☐ Addition

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Cham Bezwiechin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000

Date

Daytime Phone #

CR2E034 (9/99)