

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039130

1. Entity Name

ODYSSEY HEALTH PRODUCTS II, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90268 033 ***150.00

Principal Place of Business

14851 N.W. 27TH AVENUE
OPA LOCKA FL 33054

Mailing Address

14851 N.W. 27TH AVENUE
OPA LOCKA FL 33054-3352

2. Principal Place of Business

2027 SHERMAN ST.
Suite, Apt. #, etc.

3. Mailing Address

2027 SHERMAN ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBROW DUKER & ASSOCIATES, P.A.
2832 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

STEVE STANLEY

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

11700 N.W. 9 ST.

City PLANTATION, FL

FL

Zip Code

33020

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

Steve Stanley, PRES. STEVE STANLEY, PRES.

4/28/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, STEVE	
STREET ADDRESS	14851 N.W. 27TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	C.E.O.	<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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2027 SHERMAN ST.	
CITY-ST-ZIP	Hollywood, FL. 33020	
TITLE	C.E.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN PACHIVAS	
STREET ADDRESS	2027 SHERMAN ST.	
CITY-ST-ZIP	Hollywood, FL 33020	
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:

Steve Stanley, PRES. STEVE STANLEY, PRES. 4/28/00 3056876760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)