

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059148

1. Entity Name
CONDE WELLNESS, INC.

R

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90012 020 ***150.00

Principal Place of Business

1114 HARDEE RD
CORAL GABLES FL 33146

Mailing Address

1114 HARDEE RD
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-09321-94

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FMR CORP.
C/O FORMOSO-MURIAS P.A.
401 SW 27TH AVE
MIAMI FL 33135

Name

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Aida C. Vizoso
President
1114 Hardee Road
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Vice President
Javier Vizoso
1114 Hardee Road
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/2000 (305) 663-3476

P99000059148

A0061460

July 13, 2000

Conde Wellness
1114 Hardee Road
Coral Gables, FL 33146

Divisions of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, FL 32302-1500

Reference: Document # P99000059148

To whom it may concern:

Please find enclosed check number 1105 in the amount of \$150.00 in compliance to your 2000 UBR. To this date we never received your pre-printed report sent out in January. Please make sure this situation is clarified for the upcoming year and we will be glad to comply within your due dates.

Appreciate your assistance,



Aida C. Vizoso
President