

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061918

1. Entity Name
LA HEALING ROSE, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90004 033 ***150.00

Principal Place of Business
4410 BOUGAINVILLE DR.,#3
LAUDERDALE BY THE SEA FL 33308 *OK*

Mailing Address
4410 BOUGAINVILLE DR.,#3
LAUDERDALE BY THE SEA FL 33308 *OK*

547910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>same</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0934733		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSWALT, MAXINE L
4410 BOUGAINVILLE DR.,#3
LAUDERDALE BY THE SEA FL 33308

Name
Street Address (P.O. Box Number is Not Acceptable)
DNA
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. *N/A* **\$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	D OSWALT, MAXINE L 4410 BOUGAINVILLE DR.,#3 LAUDERDALE BY THE SEA FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

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

Maxine L. Oswalt
4/27/01 954-771-7150
Date Daytime Phone #