

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90259 025 \*\*\*150.00

**DOCUMENT # P99000075828**

1. Entity Name  
**INFINITE WELLNESS, INC.**



Principal Place of Business **609 First Key Drive** Mailing Address **609 First Key Dr**  
**2655 LEJEUNE ROAD, SUITE #201** **2655 LEJEUNE ROAD, SUITE #201**  
**CORAL GABLES FL 33134** **Fort Lauderdale** **CORAL GABLES FL 33134** **FL 33304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0945050</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BAKER, RONALD G</b> <b>2655 LEJEUNE ROAD, SUITE #201</b> <b>CORAL GABLES FL 33134</b>				Name <b>JOSEPH MOTT</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>500 WEST CYPRESS CREEK</b>			
				<b>SUITE 400</b>			
				City <b>PORT LAUDERDALE</b>		FL	

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 X **Joseph Mott** DATE **8-8-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAKER, RONALD G</b>		NAME		
STREET ADDRESS	<b>2655 LEJEUNE ROAD, SUITE #201</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>		CITY-ST-ZIP		
TITLE	<b>PSD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CUDENNEC, YUEN CHUN</b>		NAME		
STREET ADDRESS	<b>609 FIRST KEY DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT LAUDERDALE, FL 33304</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CUDENNEC, MARC</b>		NAME		
STREET ADDRESS	<b>609 FIRST KEY DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT LAUDERDALE FL 33304</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **04/26/00** (954) 779 2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)