


# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90263 039 \*\*\*150.00

<b>DOCUMENT #</b> S65007	
<b>1. Entity Name</b> HOLISTIC HEALTH CONSULTANTS INC.	

<b>Principal Place of Business</b> 2123 E ATLANTIC BLVD POMPANO BEACH FL 33062	<b>Mailing Address</b> 3840 W HILLSBORO BLVD SUITE 146 DEERFIELD BEACH FL 33442
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<b>2. Principal Place of Business</b> 616 E ATLANTIC BLVD	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> POMPANO BEACH, FL	<b>City &amp; State</b>
<b>Zip</b> 33060	<b>Country</b>

<b>4. FEI Number</b> 65-0279002	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

☐ CHECK HERE IF MAKING CHANGES



<b>6. Name and Address of Current Registered Agent</b>  VIEDRAH, ANDREW 3840 W HILLSBORO BLVD 146 DEERFIELD BEACH FL 33442
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete D VIEDRAH, ANDREW 3840 W HILLSBORO BLVD, 146 DEERFIELD BEACH FL 33442	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Andrew Viedrah **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** 2/11/03 **DAYTIME PHONE #** (954) 941-9051

CR2E034 (10/02)