

T19000001243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

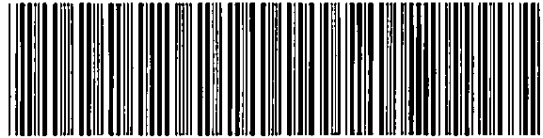
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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05/23/24 01011--025 ++\$7.50

RECEIVED

MAY 22 2024

05/21/24--01039--001 ++\$175.00

FILED  
2024 JUN 21 PM 3:47  
461F  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. Jarvis  
6/24

6/21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WELL BEING COMMUNITY CENTER REF#T19000001243

(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGARITA DE LA ROSA

(Name of Person)

WELL BEING COMMUNITY CENTER

(Firm/Company)

2706 W St Isabel St

(Address)

TAMPA, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARITA DE LA ROSA 305 733-6229

(Name of Person) at ( ) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILING FEE: \$87.50 per class**

**CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)**

**(NOTE:** The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

FILED  
2024 JUN 21 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

## MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

WELL-BEING COMMUNITY CENTER, CORP

2706 W St Isabel St Tampa FL 33607

Return To: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

1) Mark Registered: WELL BEING COMMUNITY CENTER  
REF#T19000001243

2) Registration Number: T19000001243

3) Date Filed: 10/29/2019 4.) Renewal Date: 06/04/24 5.) Class(es) Filed: 41,44,43,47

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

MARK IS STILL IN USE

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: FLORIDA

Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75  
(Optional)

MARGARITA DE LA ROSA

Typed or Printed Name of Owner

Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA  
COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 04 day of JUNE, 2024, by (MARGARITA DE LA ROSA).

numeric date

month

year

name of person making statement

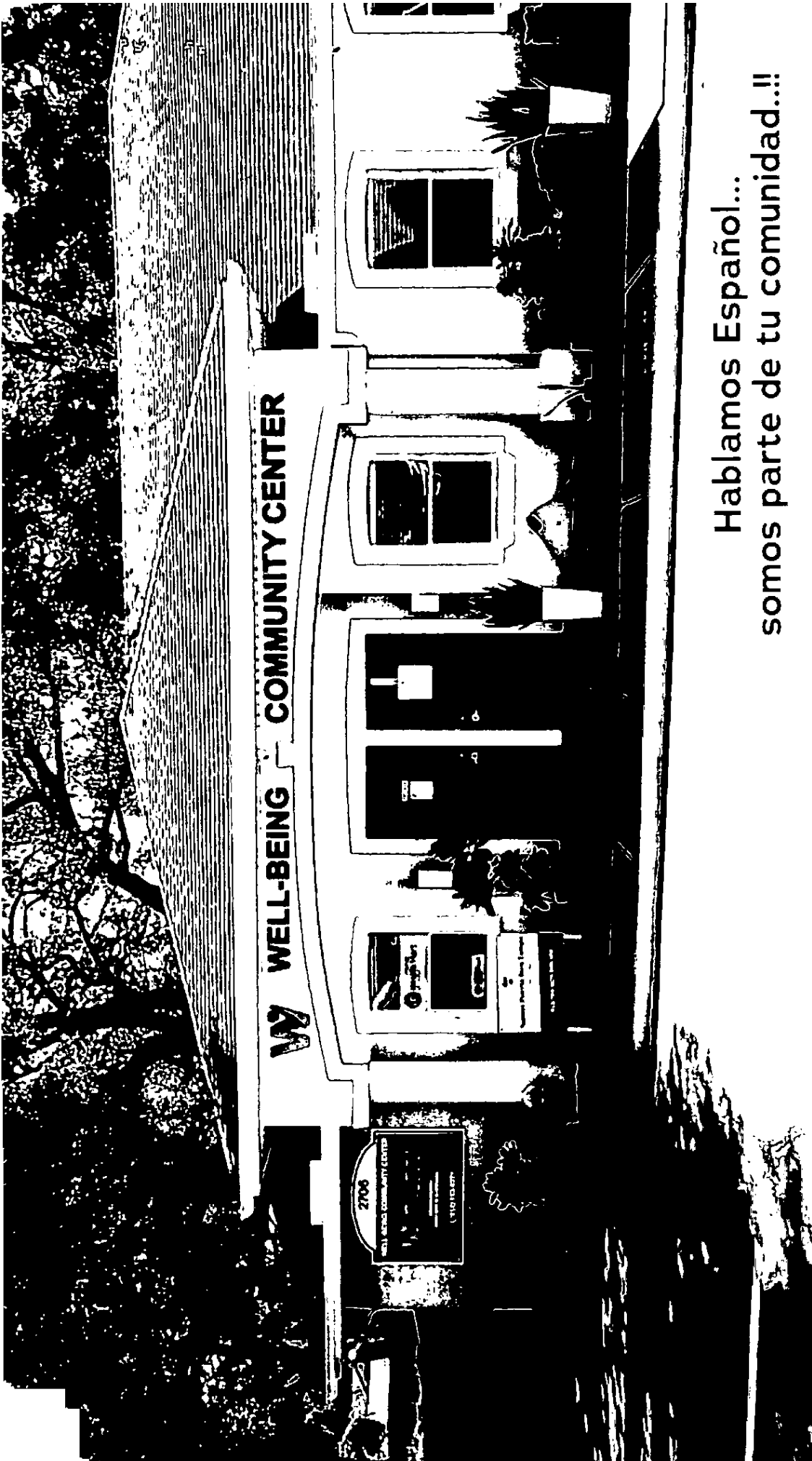
Notary Public's Signature

Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐

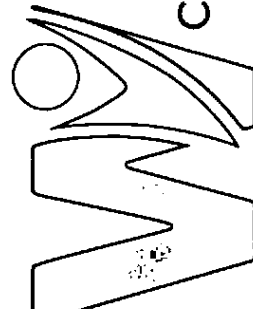
Type of Identification Produced: PERSONALLY KNOWN





**Hablamos Español...  
somos parte de tu comunidad..!!**

"Rebuilding lives together"



**WELL-BEING  
COMMUNITY CENTER**

**Para asistencia inmediata 24 horas, los 7 días  
de la semana, llámenos al (813) 970 5431  
Con gusto le atenderemos**

*Rebuilding Lives Together*

**WELL-BEING COMMUNITY CENTER**

**Margarita de la Rosa**  
*President and Executive Director*

☎ **Ofi (813) 769-9571**

☎ **Cel (305) 733-6229**

📍 2706 W St Isabel St  
Tampa, FL 33607

[www.wellbeingcommunitycenter.com](http://www.wellbeingcommunitycenter.com)

[m.delarosa@wellbeingcommunitycenter.com](mailto:m.delarosa@wellbeingcommunitycenter.com)

