2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # H77465** 1. Entity Name LIFE WORKS, INC. 04-24-2001 90304 034 ***150.00 Principal Place of Business Mailing Address 4651 SW 51 ST 4651 SW 51 ST SUITE 801 UUU4U41/ FT LAUDERDALE FL 33314 FT LAUDERALE FL 33314 บร US 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2639829 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BROSTOFF. JUDITH** Street Address (P.O. Box Number is Not Acceptable) 8847 HARRODS DRIVE **BOCA RATON FL 33433** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE **BROSTOFF, JUDITH** NAME NAME 8847 HARRODS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** VPD ☐ Addition TITLE ☐ Delete TITLE Change KATZ, SIDNEY NAME NAME STREET ADDRESS 200 LESLIE DR APT 322 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

Mulis Survey (J40, 7H BROS 10FF)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

954-584-8484

Daytime Phone #