

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000008014

FILED
Jan 14, 2003
Secretary of State

Entity Name: REVITA HEALTH CORP.

Current Principal Place of Business:

44 SOUTHFIELD RD.
ECORSE, MI 48229

New Principal Place of Business:

Current Mailing Address:

44 SOUTHFIELD RD.
ECORSE, MI 48229

New Mailing Address:

FEI Number: 38-3584207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIVNEH, STEVE
Address: 440 DALHOUSIE
City-St-Zip: AMHERSTBURG, ONTARIO CANADA, N9V 1X3

Title: SD (X) Delete
Name: EILON, ELI
Address: 440 DALHOUSIE
City-St-Zip: AMHERSTBURG, ONTARIO CANADA, N9V 1X3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE LIVNEH

PD

01/14/2003

Electronic Signature of Signing Officer or Director

_____ Date