

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90008 017 \*\*\*150.00

0184826

**DOCUMENT # P98000049035**

1. Entity Name  
**LONG LIFE SERVICES, INC.**

Principal Place of Business      Mailing Address  
**4081 LAGUNA STREET      4081 LAGUNA STREET**  
**CORAL GABLES FL 33146      CORAL GABLES FL 33146**

2. Principal Place of Business      3. Mailing Address  
**4836 SW 8th STREET      P.O. Box 143632**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**CORAL GABLES, FL.      CORAL GABLES FL      NOT APPLICABLE      Not Applicable**

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33134      U.S.A.      33114-3632      U.S.A.            \$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**KAABER, BENT H      Name      BENT H. KAABER**  
**4081 LAGUNA STREET      Street Address (P.O. Box Number is Not Acceptable)**  
**CORAL GABLES FL 33146      4836 SW 8th STREET**  
 City      State      Zip      City      State      Zip  
**CORAL GABLES      FL      33134**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAABER, BENT H</b> <b>4081 LAGUNA STREET</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE: [Signature]      Date: 3/12-2001      Daytime Phone #: 305 448-9955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)