

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90032 020 \*\*\*150.00

**DOCUMENT #** P9900009985 |  
 1. Entity Name

LIFE EXTENSIONS.COM, INC.  
 Principal Place of Business Mailing Address  
 650 WEST AVENUE SUITE 1509 MIAMI BEACH, FL 33139  
 650 WEST AVENUE SUITE 1509 MIAMI BEACH, FL 33139

A0072181

2. Principal Place of Business  
 SAME  
 Suite, Apt. #, etc.

3. Mailing Address  
 SAME  
 Suite, Apt. #, etc.

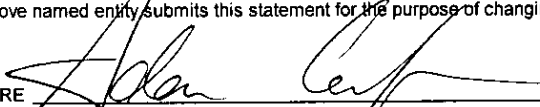
DO NOT WRITE IN THIS SPACE

City & State Zip Country  
 USA

4. FEI Number Applied For  
 65-0976692 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROVIN, GARY B., ESQ  
 9350 S DIXIE HWAY, PENTHOUSE 2  
 MIAMI, FL 33156

7. Name and Address of New Registered Agent  
 Name LAUFER, ADAM  
 Street Address (P.O. Box Number is Not Acceptable) 650 WEST AVENUE  
 SUITE 1509  
 City MIAMI BEACH FL Zip Code 33139

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  DATE 05-24-01  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	LAUFER, ADAM	
STREET ADDRESS	9350 SOUTH DIXIE HWAY, PH2	
CITY - ST - ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 WEST AVENUE, SUITE 1509	
CITY - ST - ZIP	MAIMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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:**  **ADAM LAUFER** 05-24-01 305-913-7769  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment  
D# P99J0009985  
A 072181

*Paul F. Schneider, CPA*

*Certified Public Accountant*

*7860 Peters Road, F-110*

*Plantation, Fl 33324*

*(954) 474-8500 Fax (954) 474-8856*

May 24, 2001

**Uniform Business Report**  
**Division of Corporations**  
**P.O. Box 1500**  
**Tallahassee, FL 32302-1500**

**RE: Life Extensions.Com, Inc.**

**Dear Sir/Madam:**

We enclose herewith on behalf of our above-named client the 2001 Uniform Business Report (UBR) together with a check for \$150.00.

The UBR was never received by the corporation due to a change in address. We therefore request that the late filing penalty be waived under the circumstances.

Your assistance & understanding in this matter will be appreciated.

Respectfully submitted,



**PAUL F. SCHNEIDER**

**For the Firm**

**cc: Adam Laufer**