2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am

Secretary of State

DOCUMENT # 732402

1. Entity Name

FRIENDS FOR LIFE, INC.					05-31-2001 90005 028 *****61.25			
ESTER RUCK 5600-MULSER TAMARIAC TE	er Friends For Thy DR C/o Leo Kaplan 5310 Buttonwo	Mailing Address ESTER RUCKET 5609 MULBERHT DR 7 TANGETH TO U AT TO U 3. Mailing Address	ulle oc	F-1-53319 III				
2. Principal Place of Business								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numb	4. FEI Number 23-7422280 Applied For Not Applicable			
Zip Country		Zip	Country	5. Certificate	cate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	legistered Agent		7. Name and	Address of New Registers			
KNIGHT, JAMES E. -3890 W. COMMERCIAL BLVD. FI_LAUDERDALE FL 33309				Street Address (P.O. Box Number is Not Acceptable) Tamarac City Tamarac FL Zip Code 333/9				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Ref. Printed Pri				- 40:00 May 50				
10.	OFFICERS AND DIR	FCTORS	11.	ADDITIONS/CH/	ANGES TO OFFICERS AND	DIRECTORS IN 10	191 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKOWITZ, FREIA 6607 NW 73 AVE FORT LAUDERDALE FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BerKowit	z Freida 3 Ave - Tam	Change	Addition 6	
IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HORNE, GERRY S 4605 BAY BERRY LANE TAMARAC FL 33319	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Presiden	†	☐ Change 📝	Addition 2	
NAME STREET ADDRESS CITY-ST-ZIP	PLATZ, GRACE 5410 BANYAN LN TAMARAC FL 33319 D		NAME STREET ADDRESS CITY-ST-ZIP		<i>⊶</i> .		Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GRUBER, SYLVIA 5200 WOODLAND DR TAMARAC FL 33319	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Harry F 5305 Wo Tamara	celdman odlaxde B c r=1 333)	Ivd		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	heonard Groy Roy	TE Dank loval Poincian	Change 🖪 OW R LONG	Addition	
TITLE		☐ Delete	TITLE	1 a maraz	7-1-33	☐ Change ☐	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for he 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME