2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 90192 008 ****70.00

DOCUMENT # 732402

1. Entity Name

FRIENDS FOR LIFE, INC.

Principal Place of Business	Mailing Address
LEO KAPLAN 5310 BUTTONWOOD COURT TAMARAC FL 33319	% LEO KAPLAN 5310 BUTTONWOOD COURT TAMARAC FL 33319 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7422280 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAPLAN, LEO 5310 BUTTONWOOD COURT TAMARAC FL 33319	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

X SIGNATURE Leo Kaplan 3/18/02

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BERKOWITZ, FREIDA STREET ADDRESS 6607 NW 73 AVE CITY-ST-ZIP TAMARAC FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P President NAME KAPLAN, LEO STREET ADDRESS 5310 BUTTONWOOD COURT CITY-ST-ZIP TAMARAC FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME PLATZ, GRACE STREET ADDRESS 5410 BANYAN LN CITY-ST-ZIP TAMARAC FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME GRUBER, SYLVIA STREET ADDRESS 5200 WOODLAND DR CITY-ST-ZIP TAMARAC FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME FELDMAN, HARRY Exec Pres. STREET ADDRESS 5305 WOODLANDS BLVD. CITY-ST-ZIP TAMARAC FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME ~~JACKLOW~~, LEONARD E Jankloe STREET ADDRESS 6104 ROYAL POINCIANA LANE correct spelling CITY-ST-ZIP TAMARAC FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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.

SIGNATURE: Leo Kaplan SIGNATURE REQUIRED LEO KAPLAN 3/18/02 954-733-6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)