

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754082

1. Entity Name

LIFE ENERGIES RESEARCH INSTITUTE, INC

FILED

01 SEP 28 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2510 INAGUA AVENUE  
~~P.O. BOX 330270~~ (OMIT)  
MIAMI FL 33133  
US

2510 INAGUA AVENUE  
~~P.O. BOX 000270~~ (OMIT)  
MIAMI FL 33133  
US

2. Principal Place of Business

2510 INAGUA AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2510 INAGUA AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2027925

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, MR. JOSEPH H., ESQ.  
1951 NORTHWEST 17TH AVENUE  
MIAMI FL 33125

7. Name and Address of New Registered Agent

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.

SIGNATURE

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  
After September 12, 2001, min. will be \$236.25

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

TITLE PD  
NAME GILULA, MARSHALL F ☐ Delete  
STREET ADDRESS 2510 INAGUA AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE STD  
NAME STEINER, CLARENCE ☐ Delete  
STREET ADDRESS 2509 SWANSON ST  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME KAPLAN, JOSEPH H. ☐ Delete  
STREET ADDRESS 1951 NW 17TH AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Marshall F. Gilula*

9/23/01 (305) 854-8834

CR2E037 (5/01)