

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754082

1. Entity Name

LIFE ENERGIES RESEARCH INSTITUTE, INC

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90383 005 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br><b>2510 INAGUA AVENUE<br/>MIAMI FL 33133<br/>US</b> | Mailing Address<br><b>2510 INAGUA AVENUE<br/>MIAMI FL 33133<br/>US</b> |
|--|--|

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

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2027925</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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 \_\_\_\_\_

|                                 |   |  |
|---------------------------------|---|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|---------------------------------|---|--|

10. OFFICERS AND DIRECTORS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GILULA, MARSHALL F<br/>2510 INAGUA AVENUE<br/>MIAMI FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>STEINER, CLARENCE<br/>2509 SWANSON ST<br/>MIAMI FL</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KAPLAN, JOSEPH H.<br/>1951 NW 17TH AVENUE<br/>MIAMI FL</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Marshall F. Gilula* **4/15/02** **(305) 854-8954**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

Attachment

# 754082/676147

7/25/02

Division of Corporations  
University Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

Re: UBR Filing  
Doc# 754082  
Life Energies Research Institute, Inc.

I wish to explain the lateness of my check for the UBR enclosed. Since April 10, 2002, I have been in the hospital on six different occasions for (1) Surgical placement of a chemotherapy port in my chest, (2) Inpatient treatment on the cardiac monitoring ward to rule out heart infection (endocarditis), and (3)-(6) Four different chemotherapy sessions for treatment of throat cancer that has come back.

The chemotherapy has an effect of making it difficult for me to read, write, and to concentrate. I am a physician myself, and I sincerely request that you grant me forgiveness for any late fees on this application because I was severely incapacitated during this past period. The last chemotherapy session was yesterday, 7/24/02.

If you require any supporting documents for my allegation/excuse, please let me know and I will do my best to comply as soon as I am able.

Thank you for your consideration.

Sincerely,

*Marshall F. Gilula M.D.*

Marshall F. Gilula, M.D.  
Life Energies Research Institute, Inc.  
2510 Inagua Avenue  
Miami, FL 33133-3812  
(305) 854-8954  
email: [mgilula@mindspring.com](mailto:mgilula@mindspring.com)

MFG/s