## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F96000006268** 1. Entity Name

## ASSOCIATION FOR BETTER LIVING AND EDUCATION, INC



•						COD WE THE					
Principal Place of Business Mailing Address							7				
7065 HOLLYWOOD BLVD				7065 HOLLYWOOD BLVD LOS ANGELES CA 90028-6313							
2. Principal Place of Business 3. M				Malling Address							
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State				33 4 1000 14			pplied For ot Applicable	
Zip	Country			Zip Cou		try	5. Certificate of Status Desired		Fee Require	\$8.75 Additional Fee Required	
6. Name and Address of Current Register							7. Name and Address of New Registered Agent				
					J	Name					
Johnson, Robert 100 North Tampa Street, Ste 3500				,		Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33602											
*.					[	City			FL Zip Coo	le	
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. I am familiar with, and accept											
the obligations of registered agent.											
_											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
·····								I			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			<b>\$5.00</b> May Be Added to Fees		heck Payable epartment of		
10.		OFFICERS AND DIF	RECTORS	<u> </u>	11.	<del></del> -	ADDITIONS/CHANG	ES TO OFFICERS AN	ID DIRECTORS IN	N 10	
TITLE	P			☐ Delete T			☐ Change ☐ Addition				
NAME	WEINBERG, RENA			NAMI					•		
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,				•	ADDRES\$					
CITY-ST-ZIP	LOS ANGELES	CA 90028	<del></del>		CITY-S	T-ZIP					
TITLE	D ZUDN LAUDIE			☐ Delete T					☐ Change	Addition (	
NAME OXDEST ADDRESS	ZURN, LAURIE 7065 HOLLYWOOD BVD			NA ax						{	
STREET ADDRESS	EOS ANGELES CA 90028					ADDRESS T-ZIP					
TITLE	S			☐ Delete TITLE					☐ Change	☐ Addition	
NAME	BYRNE, GWEN	DA		□ Detete	NAME				L_1 Change	☐ Addition	
STREET ADDRESS	7065 HOLLYWOOD BLVD					ADDRESS					
CITY-ST-ZIP	LOS ANGELES CA 90028			CITY-S'		T-ZIP					
TITLE	T			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	TOFIL, JOAN			NAME							
STREET ADDRESS	7065 HOLLYWOOD BLVD					ADDRESS					
CITY-ST-ZIP	LOS ANGELES	CA 90028			CITY-S	T-ZIP					
TITLE	D DICHARD			☐ DeleteTITLE					Change	☐ Addition	
NAME STREET ADDRESS	FEAR, RICHARD FESS 7065 HOLLYWOOD BLVD			MAM Sarts		ADDRESS					
CITY-ST-ZIP	LOS ANGELES CA 90028			CITY-		ı.					
TITLE	D	ON 30020		☐ Delete	TITLE				☐ Change	Addition	
NAME	ENGEN, SHERRY			L Delete I III.E		1					
STREET ADDRESS	1704 IVAR	••				ADDRESS					
CITY-ST-ZIP LOS ANGELES CA 90028					CITY-S	T-ZIP					
		<del>-</del>									

I hereby certify that the information supplied with this filling 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:

30 mar 2003 (323) 960 2530

**FILED** 

May 05, 2003 8:00 am § Secretary of State 05-05-2003 90202 009 \*\*\*\*61.25