

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000002592**

1. Entity Name

L A WEIGHT LOSS CENTERS, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90019 011 ***150.00

Principal Place of Business	Mailing Address
255 BUSINESS CENTER DRIVE SUITE 150 HORSHAM PA 19044	255 BUSINESS CENTER DRIVE SUITE 150 HORSHAM PA 19044-3421

00014740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-2881320	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARABAJAKIAN, VAHAN A	NAME	JAMES HORAN
STREET ADDRESS	255 BUSINESS CENTER DR, STE. 150	STREET ADDRESS	255 BUSINESS CENTER DR., STE 150
CITY-ST-ZIP	HORSHAM PA 19044	CITY-ST-ZIP	HORSHAM, PA 19044
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, HAROLD	NAME	
STREET ADDRESS	255 BUSINESS CENTER DR, STE. 150	STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA 19044	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Controller

1/26/00 (215) 328-9001x156

Date

Daytime Phone #