

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000193** *ek/055*

1. Entity Name  
**GOULET ANTI AGING INSTITUTE & FOUNDATION, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

Principal Place of Business      Mailing Address  
1600 SOUTH FEDERAL HIGHWAY, SUITE 820      1600 SOUTH FEDERAL HIGHWAY, SUITE 820  
POMPANO BEACH FL 33062      POMPANO BEACH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name <b>SILVERADO INT'L INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 S. Federal Hwy Ste 821</b> City <b>Pompano Beach</b> FL Zip Code <b>33062</b>	

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]* DATE **08/02/00**

Signature required for all entities. Print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>GOULET, MARC</b> <b>1600 SOUTH FEDERAL HIGHWAY, SUITE 820</b> <b>POMPANO BEACH FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500003368165--6</b> <b>-08/23/00--01021--003</b> <b>*****55.00 *****55.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **MANAGING MEMBER** **D. CEO** **08/10/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CP2E093 (5/00)