

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009367

1. Entity Name

DOCTORS WEIGHT LOSS INSTITUTE, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

318 INDIAN TRACE

3. Mailing Address

Suite, Apt. #, etc.

#166

Suite, Apt. #, etc.

City & State

WESTON

FLORIDA

City & State

Zip

33326

Country

BROWARD

Zip

Country

4. FEI Number

65-0981981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID CAVEZZA

15188 E. LOCH ISLE DRIVE

MIAMI LAKES, FL 33014

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT/C.O.O.
DAVID CAVEZZA
15188 E. LOCH ISLE DR.
MIAMI LAKES, FL 33014 MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VICEPRESIDENT/C.E.O.
GARY D. GOLIN
363 MALLARD RD.
WESTON, FL 33327 MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
SECRETARY
DEBORAH L. GOLIN
363 MALLARD RD
WESTON, FL 33327 MGR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003273528--E
-06/01/00-01855-005
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

DEBORAH L. GOLIN

3/16/00

954-217-0638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)