

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90041 025 \*\*\*150.00

**DOCUMENT # M24474**

1. Entity Name

**LIFE SAVERS OF MIAMI, INC.**

Principal Place of Business

**720 SW 58TH CT  
MIAMI FL 33144  
US**

Mailing Address

**C/O 701 SW 57TH AVENUE  
2ND FLOOR  
MIAMI FL 33126**

2. Principal Place of Business

**701 NW 57TH AVENUE**

3. Mailing Address

**701 NW 57TH AVENUE**

Suite, Apt. #, etc.

**SUITE 220**

Suite, Apt. #, etc.

**SUITE 220**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**59-2605706**

Applied For

Not Applicable

Zip

**33126**

Country

**Miami-Dade**

Zip

**33126**

Country

**Miami-Dade**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GASQUEZ, JESUS  
701 SW 57TH AVENUE  
2ND FLOOR  
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

**JESUS GAZQUEZ**

Street Address (P.O. Box Number is Not Acceptable)

**701 NW 57TH AVENUE**

**SUITE 220**

City

**MIAMI**

**FL**

Zip Code

**33126**

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

**JESUS GAZQUEZ**

**04/15/02**

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
GASQUEZ, JESUS  
701 SW 57TH AVENUE, 2ND FL  
MIAMI FL 33126** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GASQUEZ, JESUS  
701 SW 57TH AVENUE, 2ND FL  
MIAMI FL 33126** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVSTD  
GONZALEZ, CARLOS L.  
701 NW 57TH AVENUE, SUITE 220  
MIAMI, FL 33126** ☒ Change ☐ Addition

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

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

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

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

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:**

**CARLOS L. GONZALEZ, PVSTD**

**04/15/02**

**(305) 261-8363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)