

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90032 012 ****61.25

DOCUMENT # N00000007804

1. Entity Name

LIFELINE FOUNDATION, INC.

Principal Place of Business	Mailing Address
770 PONCE DE LEON BLVD SUITE 210 CORAL GABLES, FL 33134	770 PONCE DE LEON BLVD SUITE 210 CORAL GABLES, FL 33134

659640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1066236		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
METSCH, BENJAMIN R 1455 NW 14TH STREET, MIAMI, FL 33125		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 \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMOS, PETER			NAME			
STREET ADDRESS	1503 NW 113TH AVENUE			STREET ADDRESS			
CITY - ST - ZIP	PEMBROKE PINES, FL 33026			CITY - ST - ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TSIMOGIANNIS, JOHNNY			NAME			
STREET ADDRESS	770 PONCE DE LEON BLVD, 210			STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES, FL 33134			CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REY-TSIMOGIANNIS, OFELIA			NAME			
STREET ADDRESS	770 PONCE DE LEON BLVD, 210			STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES, FL 33134			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	GARY KOMNASH		
STREET ADDRESS				STREET ADDRESS	770 Ponce de Leon Blvd, 210		
CITY - ST - ZIP				CITY - ST - ZIP	CORAL GABLES, FL 33134		
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			

12. 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 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:

JOHNNY TSIMOGIANNIS

04/29/01 305-444-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #