

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90034 002 *****70.00

DOCUMENT # N02000009285 1. Entity Name THE FIGHT FOR LIFE FOUNDATION, INC.							
Principal Place of Business P.O. BOX 260371 PEMBROKE PINES, FL 33026-7371				Mailing Address P.O. BOX 260371 PEMBROKE PINES, FL 33026-7371			
2. Principal Place of Business Suite, Apt. #, etc. <u>P.O. BOX 260371</u>				3. Mailing Address Suite, Apt. #, etc. <u>P.O. BOX 260371</u>			
City & State <u>PEMBROKE PINES FL</u>				City & State <u>PEMBROKE PINES FL</u>			
Zip <u>33026</u>		Country <u>U.S.A</u>		Zip <u>33026</u>		Country <u>U.S.A</u>	
4. FEI Number <u>81-0607351</u>				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBINSON, GEORGIA 4326 W. SUNRISE BLVD. PLANTATION, FL 33313				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGERMAN, LUIS 412 OCEAN DRIVE, #14B MIAMI BEACH, FL 33193			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, VICTOR 6800 N.W. 14TH STREET PEMBROKE PINES, FL 33024			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, GARING 4421 S.W 72ND WAY DAVIE, FL 33314			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICO, PEDRO P.O. BOX 260371 PEMBROKE PINES, FL 330267371			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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <u>Pedro Rico</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>6/30/03</u> <u>754-422-1713</u> Date Daytime Phone #			

CF2E037 (10/02)