

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03000000583

1. Entity Name

LIFE & HEALTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

1340 NW 27th ST
MIAMI, FL 33142

P.O. BOX. 160083
MIAMI, FL 33116-0083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0627282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

44037029

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ALBERTO J.
1340 NW 27th ST
MIAMI, FL 33142.

Name RODRIGUEZ, ALBERTO J.

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

1340 NW 27th ST

City MIAMI

FL

Zip Code 33142

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 DIRECTOR ☒ Delete
NAME RODRIGUEZ, ALBERTO J.
STREET ADDRESS 1340 NW 27th ST
CITY-ST-ZIP MIAMI, FL 33142

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

TITLE DIRECTOR ☒ Delete
NAME DIAZ, GLADIS
STREET ADDRESS 1340 NW 27th ST.
CITY-ST-ZIP MIAMI, FL 33142

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

TITLE DIRECTOR ☒ Delete
NAME CASTILLO, DOLORES
STREET ADDRESS 1340 NW 27th ST
CITY-ST-ZIP MIAMI, FL 33142

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Alberto J. Rodriguez.

April 22/2004

305-4986333

CR2E037 (9/99)