

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90001 011 *****70.00

DOCUMENT # N97000006330

1. Entity Name

LIFE RESTORATION INTERNATIONAL, INC.

Principal Place of Business

4501 N STATE RD 7
LAUDERDALE LAKES FL 33319

Mailing Address

4501 N STATE RD 7
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

7573 W. OAKLAND PARK BLVD

3. Mailing Address

5557 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL

#250

City & State

Lauderhill FL

City & State

Lauderhill FL

Zip

33319

Country

U.S.A

Zip

33313

Country

U.S.A.

4. FEI Number

65-0795784

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABRE, GEORGE DR
4501 N STATE RD 7
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

Name Dr. George FABRE, SR.

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

5557 West OAKLAND PARK BLVD # 250

City

Lauderhill

FL

Zip Code

33313

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

TITLE D
NAME FABRE, GEORGE
STREET ADDRESS 4501 N STATE RD 7
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

TITLE D
NAME FABRE, YOLETTE
STREET ADDRESS 4501 N STATE RD 7
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

TITLE D
NAME SAINT PIERRE, MAUDELINE
STREET ADDRESS 4501 N STATE RD 7
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

TITLE D
NAME INNOCENT, DANIELLE
STREET ADDRESS 4501 N STATE RD 7
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)