

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90153 017 \*\*\*\*61.25

DOCUMENT # N98000005693

1. Entity Name

LONG LIFE WELLNESS CENTERS, INC.

Principal Place of Business

Mailing Address

9970 CENTRAL PARK BLVD. SUITE 301  
BOC RATON FL 33428

9970 CENTRAL PARK BLVD. SUITE 301  
BOC RATON FL 33428

2. Principal Place of Business

600 FAIRWAY DRIVE

3. Mailing Address

600 FAIRWAY DRIVE

Suite, Apt. #, etc.

Suite 208

Suite, Apt. #, etc.

Suite 208

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

Zip

33441

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0784046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional -  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARDIAN B

9970 CENTRAL PARK BLVD #301  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

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

600 FAIRWAY DRIVE, Suite 208

City

Deerfield Beach

FL

Zip Code

33441

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)

1/18/01  
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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD MITCHELL, ELIZABETH 9970 CENTRAL PARK BLVD #301 BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ANGEL M 9970 CENTRAL PARK BLVD, #301 BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARIMNAI, MARDJAN 9970 CENTRAL PARK BLVD. #301 BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	} same 600 FAIRWAY DRIVE, Suite 208 Deerfield Beach, FL 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	} same 600 FAIRWAY DRIVE, Suite 208 Deerfield Beach, FL 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	} same 600 FAIRWAY DRIVE, Suite 208 Deerfield Beach, FL 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 of Mardian B. Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01 561.368.0000

CR2E037 (10/00)