

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000025750

FILED
Jan 28, 2002 8:00 AM
Secretary of State

Entity Name: LONGEVITY CENTER OF USA, INC.

Current Principal Place of Business:

3990 W. FLAGLER ST., #204
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

3990 W. FLAGLER ST., #204
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-1005933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ ABACHE, JUAN C
3990 W. FLAGLER ST., #204
MIAMI, FL 33134

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDEZ ABACHE, JUAN C
Address: 3990 W. FLAGLER ST., #204
City-St-Zip: MIAMI, FL 33134

Title: VD () Delete
Name: PASOS PALOMINO, HENRY E
Address: 3990 W. FLAGLER ST., #204
City-St-Zip: MIAMI, FL 33134

Title: STD () Delete
Name: PEROZO, NORMA
Address: 3990 W. FLAGLER ST., #204
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: RAMIREZ, MARIA E
Address: 3990 W. FLAGLER ST., #204
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MENDEZ ABACHE JUAN C

PD

01/28/2002

Electronic Signature of Signing Officer or Director

Date