

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90192 001 *****8.75
 02-27-2002 90192 002 ***150.00

DOCUMENT # P00000056676

1. Entity Name
FIGHT FOR LIFE, INC.

Principal Place of Business
 6525 W. 24TH AVE.,STE.104
 HIALEAH FL 33016

Mailing Address
~~PO BOX 160759~~
~~HIALEAH FL 33016~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 700 N.W. 111th PLACE
3. Mailing Address P.O. Box 227638

Suite, Apt. #, etc. SUITE # 3

City & State MIAMI, FLORIDA **City & State** MIAMI, FL

Zip 33172 **Country** DADE, USA **Zip** 33122 **Country** USA

4. FEI Number 65-0435109 **Applied For**
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, IRIS
 6525 W. 24TH AVE.,STE.104
 HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name: IRIS GARCIA
Street Address (P.O. Box Number is Not Acceptable) 700 N.W. 111th PLACE SUITE # 3
City MIAMI **FL** **Zip Code** 33172

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 *Irish Garcia* **DATE** 2-01-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, IRIS	
STREET ADDRESS	6525 W. 24TH AVE.,STE.104	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, MICHAEL	
STREET ADDRESS	6525 W. 24TH AVE.,STE.104	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Irish Garcia* **DATE** 2-01-02 **Daytime Phone #** 305 485-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)