

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080784

1. Entity Name

LIFESTRATEGIES FOR PROFESSIONALS, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90256 004 ***150.00

Principal Place of Business

16445 COLLINS AVENUE #6-B
NORTH MIAMI BEACH FL 33160

Mailing Address

16445 COLLINS AVENUE #6-B
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

7487 SW 50th Terrace

3. Mailing Address

7487 SW 50th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1061392

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUBIT, DONALD E
100 SE 2ND STREET 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Dana M. Kaufman

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

4700 Sheridan Street

Bldg N

City

Hollywood

FL

Zip Code

33021

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

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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PO Anthony C. Chang MD
7487 SW 50th Terrace
Miami, FL 33155

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP D
Michelle Areces
7487 SW 50th Terrace
Miami, FL 33155

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Dana Kaufman
7487 SW 50th Terrace
Miami, FL 33155

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

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

TITLE ☐ Change ☐ 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: *Michelle Areces* MICHELLE ARECES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01 4/1/01

Date

305-661-2208 305-661-2208

Daytime Phone #

CR2E034 (10/00)