

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-19-2001 90006 034 ***158.75

DOCUMENT # P00000095152

1. Entity Name

LIFNA INCORPORATED

Principal Place of Business

305 NE 28 TERRACE
BOCA RATON FL 33431

Mailing Address

305 NE 28 TERRACE
BOCA RATON FL 33431

2. Principal Place of Business

305 NE 28 Terr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1076
Suite, Apt. #, etc.

City & State

Boca Raton, FL
Zip 33431 Country USA

City & State

Boca Raton, FL
Zip 33431-1076 Country

4. FEI Number

65-1062055

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVALHO, DAWN
305 NE 28 TERRACE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Dawn Carvalho

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

305 NE 28 Terr

City

Boca Raton

FL

Zip Code

33431

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

Dawn Carvalho

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 **OWNER**
NAME **Dawn Carvalho**
STREET ADDRESS **305 NE 28 Terr**
CITY-ST-ZIP **Boca Raton FL 33431**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Dawn Carvalho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.6.01

Date

561-362-9174

Daytime Phone #

CR2E034 (10/00)