2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State P00000095152 DOCUMENT # 1. Entity Name 02-05-2002 90081 017 ***150.00 LIFNA INCORPORATED Principal Place of Business Mailing Address 305 NE 28 TERRACE PO BOX 1076 **BOCA RATON FL 33431** BOCA RATON FL 33439-1076 2. Principal Place of Business 3. Mailing Address P.O. Box 1076 305 NE 28 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1062055 Not Applicable Country \5/ \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARVALHO, DAWN Street Address (P.O. Box Number is Not Acceptable) 305 NE 28 TERRACE **BOCA RATON FL 33431** City _ Zip Code 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 \$ Dheousa 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 O Prosident TITLE ☐ Delete TITLE Carvalno, dawn NAME NAME 305 NE 28TH TERRACE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP wice Presiden be President TITLE ☐ Delete TITLE ☐ Change Addition NAME Bob Rotter STREET ADDRESS STREET ADDRESS 305 NE 28 Um CITY-ST-ZIF Boca Raton 17.3343/ CITY-ST-ZIP TITLE TITLE easure. Addition ☐ Change NAME NAME Brooke Carvalho STREET ADDRESS STREET ADDRESS 305 NE28 TW 28 C CITY-ST-ZIP CITY-ST-ZIP oca Raton F TITLE Secretary Addition Change NAME Raquel Carvalho Raquel Ca 305 NE28 TW STREET ADDRESS STREET ADDRESS 305 NE 28 CITY-ST-ZIP CITY-ST-ZIP ma Raton TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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:

CITY-ST-ZIP

CITY-ST-ZIP

FILED