

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90274 022 ***150.00

DOCUMENT # P00000099027

1. Entity Name
FOCUS ON LIFE, INC.

Principal Place of Business

9395 SW 77 AVE.
 #3048
 MIAMI FL 33156

Mailing Address

9395 SW 77 AVE.
 #3048
 MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7800 Red Road
 Suite, Apt. #, etc.
 219-E

3. Mailing Address

Suite, Apt. #, etc.

City & State
 Miami FL

City & State

4. FEI Number **65-1052284**

Applied For
 Not Applicable

Zip **33143** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

IVORY, BLANCA
 9395 SW 77 AVE., #3048
 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

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 *X Blanca Ivory*
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	IVORY, BLANCA	
STREET ADDRESS	9395 SW 77 AVE., #3048	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	IVORY, SARAH	
STREET ADDRESS	9395 SW 77 AVE., #3048	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
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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:

X Blanca Ivory
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 10/02 305-6686400

CR2E034 (9/01)