

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91257 028 \*\*\*150.00

**DOCUMENT #**

P00000104807

1. Entity Name

BETTER LIFESTYLES DEV. INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7483 SW 82 ST

3. Mailing Address

7483 SW 82 ST

Suite A303

Suite A303

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
59-2057222

Applied For  
Not Applicable

Zip Country  
33143 DADE

Zip Country  
33143 DADE

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
KEPES, RONALD R.

Street Address (P.O. Box Number is Not Acceptable)  
7483 SW 82 ST, SUITE A303

City MIAMI, FL FL 33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PT/S  
KEPES, RONALD R.  
7483 SW 82 ST., A303  
MIAMI, FL 33143

TITLE  
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CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald R. Kepes, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (305) 667-6687  
Date Daytime Phone #

CR2E034B (12/02)