

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115294

1. Entity Name

LIFE-FLORIDA PERSONAL DEVELOPMENT INSTITUTE, INC

Principal Place of Business

8022 SW 21ST PLACE
DAVIE FL 33324

Mailing Address

8022 SW 21ST PLACE
DAVIE FL 33324

2. Principal Place of Business

4167 N. State Road 4

3. Mailing Address

4535 Viscaya Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, Florida

City & State

Margate, Florida

Zip

33319

Country

U.S.A

Zip

33063

Country

U.S.A

4. FEI Number

651063097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

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

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 **D** ☐ Delete
NAME **SALES, DULCE**
STREET ADDRESS **822 S.W. 21ST PLACE**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **SALAS, Dulce**
STREET ADDRESS **4535 Viscaya Circle**
CITY-ST-ZIP **Margate, Fl. 33063**

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

TITLE ☐ Change ☐ Addition
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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:

Dulce Salas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/01

Date

(954)288-8117

Daytime Phone #

000/311

CR2E034 (10/00)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90030 019 ***150.00

80024832



DO NOT WRITE IN THIS SPACE