

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000029421**

1. Entity Name  
**NEW LIFE WEIGHT LOSS CENTER, INC.**

**FILED**

02 JAN 18 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**122 NORTHWEST DORCHESTER STREET  
PORT SAINT LUCIE FL 34983**

Mailing Address  
**122 NORTHWEST DORCHESTER STREET  
PORT SAINT LUCIE FL 34983**

2. Principal Place of Business  
**1680 S.W. Bayshore Blvd.**

3. Mailing Address  
**1680 S.W. Bayshore Blvd**

Suite, Apt. #, etc.  
**#104**

Suite, Apt. #, etc.  
**#104**

City & State  
**Port St. Lucie FL**

City & State  
**Port St. Lucie, FL**

Zip  
**34984**

Country  
**U.S.A.**

Zip  
**34984**

Country  
**U.S.A.**

4. FEI Number  
**59-3706135**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name  
**SPIEGEL & UTRERA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1840 Southwest 22 Street**

**4th Floor**

City  
**Miami**

FL Zip Code  
**33145**

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 By: **Natalia Utrera, Vice President**

(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. ☐

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD SCHNEIDDER, BRIAN A 122 NORTHWEST DORCHESTER STREET PORT SAINT LUCIE FL 34983</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD STIFEL, JUDITH L. 122 NORTHWEST DORCHESTER STREET PORT SAINT LUCIE FL 34983</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LARSEN, BEVERLEY P. 122 NORTHWEST DORCHESTER STREET PORT SAINT LUCIE FL 34983</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Brian Schneider**

**01/08/02 (561)344-9095**

CR2E034 (9/01)