

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90095 002 ***150.00

DOCUMENT # P01000030984

1. Entity Name
PLANET SURVIVAL, INC.



Principal Place of Business

**12505 S.W. 88TH COURT
MIAMI FL 33176
US**

Mailing Address

**12505 S.W. 88TH COURT
MIAMI FL 33176
US**

2. Principal Place of Business

12505 SW 88 COURT

3. Mailing Address

12505 SW 88 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FLORIDA

MIAMI FL.

City & State

City & State

MIAMI, FL.

MIAMI FL.

Zip

Country

Zip

Country

33176 USA

USA

33176 USA

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIMAN, EVAN M ESQ.

901 SOUTH FEDERAL HIGHWAY

SUITE 300

FORT LAUDERDALE FL 33316

Name

KLEIMAN, EVAN M. ESQ.

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

901 SOUTH FEDERAL Highway Suite #300

City

FORT LAUDERDALE FL

Zip Code

33316

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **EREZ, MIKI**
STREET ADDRESS **12505 S.W. 88TH COURT**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☐ Delete
NAME **EREZ, LISSETTE A**
STREET ADDRESS **12505 S.W. 88TH COURT**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-03 305-259-7694

CR2E034 (10/02)