

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 006 ***150.00

DOCUMENT # P02000007360

1. Entity Name
LIFELINE FINANCIAL ASSOCIATES, INC.



Principal Place of Business

200 SE 6TH STREET

#603

FT. LAUDERDALE FL 33301

Mailing Address

200 SE 6TH STREET

#603

FT. LAUDERDALE FL 33301

2. Principal Place of Business

3333 N UNIVERSITY DR

Suite, Apt. #, etc.

A

CITY & STATE

DAVIE

Zip

33024

Country

BROWARD

3. Mailing Address

3333 N UNIVERSITY DR

Suite, Apt. #, etc.

A

CITY & STATE

DAVIE

Zip

33024

Country

BROWARD



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

80-0036389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENTIERA, JOHN

200 SE 6TH STREET 333 N UNIVERSITY DR

#603

FT. LAUDERDALE FL 33301 DAVIE FL 33024

Name

VENTIERA JOHN

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

3333 N UNIVERSITY DR

City

DAVIE

FL

Zip Code

33024

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

4-30-03

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

TITLE	PVTD	<input type="checkbox"/> Delete
NAME	MITCHELL, DOUG	
STREET ADDRESS	200 SE 6TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	SD D	<input type="checkbox"/> Delete
NAME	VENTIERA, JOHN	
STREET ADDRESS	200 SE 6TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, DOUG	
STREET ADDRESS	3333 N UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 33024	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTIERA JOHN	
STREET ADDRESS	3333 N UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 33024	
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTOHEK, IAA	
STREET ADDRESS	3333 N UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

954 199 4440

Daytime Phone #

CR2E034 (10/02)