

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90266 029 ***150.00

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DOCUMENT # P02000068168

1. Entity Name
WEIGHT DOWN, INC.



Principal Place of Business
**2222 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES FL 33134**

Mailing Address
**2222 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES FL 33134**

2. Principal Place of Business
3976 Grove Park Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3208
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip
32311
Country
USA

City & State
Tallahassee, FL
Zip
32315
Country
USA

4. FEI Number ☒ Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SCHREIBER, GERHARDT A ESQ
2222 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
Gil Ziffer
Street Address (P.O. Box Number is Not Acceptable)
3976 Grove Park Drive
City
Tallahassee FL Zip Code
32311

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 **Gil D Ziffer** **Gil Ziffer** **4-25-03**
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 CEO/P	<input type="checkbox"/> Delete
NAME FIMA LIFSHITZ	
STREET ADDRESS 1040 ALSTON ROAD	
CITY-ST-ZIP Santa Barbara, CA 93108	
TITLE S/T	<input type="checkbox"/> Delete
NAME Jere Lifshitz	
STREET ADDRESS 1040 ALSTON ROAD	
CITY-ST-ZIP Santa Barbara, CA 93108	
TITLE D	<input type="checkbox"/> Delete
NAME Gerhardt Schreiber	
STREET ADDRESS 2222 Ponce de Leon Blvd	
CITY-ST-ZIP Coral Gables, FL 33134	
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 CEO/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FIMA LIFSHITZ	
STREET ADDRESS 1040 ALSTON ROAD	
CITY-ST-ZIP Santa Barbara, CA 93108	
TITLE S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jere Lifshitz	
STREET ADDRESS 1040 ALSTON ROAD	
CITY-ST-ZIP Santa Barbara, CA 93108	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Gerhardt Schreiber	
STREET ADDRESS 2222 Ponce de Leon Blvd	
CITY-ST-ZIP Coral Gables, FL 33134	
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: **Jere Lifshitz** **4-27-03** **800-890-2454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)