

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91838 008 \*\*\*150.00

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

DOCUMENT # P02000104954

1. Entity Name

FINANCIAL SOLUTIONS FOR LIFE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19601 E. COUNTRY CLUB DR.

Suite, Apt. #, etc.

#508

City & State  
AVENTURA, FL

Zip  
33180

Country  
U.S.

3. Mailing Address

19601 E. COUNTRY CLUB DR.

Suite, Apt. #, etc.

#508

City & State  
AVENTURA, FL

Zip  
33180

Country  
U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0060844

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name PERALTA, LUIS F.

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

19601 E. COUNTRY CLUB DR. # 508

City AVENTURA,

FL

Zip Code  
33180

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
PERALTA, LUIS F.  
19601 E. Country Club Dr. #508, Aventura, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

(305) 336 9175

Daytime Phone #

CR200345 (12/02)