

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040372

1. Entity Name

LIFEKEEPERS INTERNATIONAL, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90312 001 \*1,111.25

Principal Place of Business

Mailing Address

11300 US HWY 1., STE 400  
 N. PALM BEACH FL 33408

931 VILLAGE BLVD., 905-168  
 WEST PALM BEACH FL 33409-1944

2. Principal Place of Business

3. Mailing Address

2300 Palm Beach Lakes Blvd 931 Village Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

PMB 905-168

City & State

West Palm Beach, FL

City & State

West Palm Beach

Zip

33409

Country

USA

Zip

33409

Country

USA

4. FEI Number

65-0498203

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIATTI, NORMAN

11300 US HWY 1., STE 400  
 N. PALM BEACH FL 33408

Name

Norman Piatti

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

2300 Palm Beach Lakes Blvd

# 210

City

West Palm Beach

FL

Zip Code  
 33409

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 Norman Piatti 1 May 00

Signature, typed or printed name of registered agent and title if applicable.

(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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIATTI, NORMAN	
STREET ADDRESS	11300 US HWY 1., STE 400	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
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		

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chimelis, Ramon	
STREET ADDRESS	2300 Palm Beach Lakes Blvd # 210	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	CEO/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piatti, Norman	
STREET ADDRESS	2300 Palm Beach Lakes Blvd # 210	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lowry, Heather	
STREET ADDRESS	2300 Palm Beach Lakes Blvd. # 210	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	COO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yinger, Michael	
STREET ADDRESS	2300 Palm Beach Lakes Blvd. # 210	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	Medical Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mireles, Alfonso	
STREET ADDRESS	2300 Palm Beach Lakes Blvd. # 210	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Norman Piatti, CEO 1 May 00 561-616 000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)