

2001 UNIFORM BUSINESS REPORT (UBR)

5/2/01

FILED
May 24, 2001 8:00 am
Secretary of State

05-02-2001 90022 031 ***150.00

DOCUMENT # P95000001296

1. Entity Name

CLUB LIFE LONGEVITY CENTER, INC.

Principal Place of Business

1575 N.W. 14TH ST.
 MIAMI FL 33125

Mailing Address

1575 N.W. 14TH ST.
 MIAMI FL 33125

Principal Place of Business

1000 N.W. 14th Street

Mailing Address

1000 N.W. 14th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip 33136-2105

Country

Zip 33136-2105

Country

4. FEI Number

65-0733868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHAYKIN, LUCY P
 1575 N.W. 14TH ST.
 MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Street Address

City

1000 N.W. 14th St

1000 N.W. 14th St

Miami

FL

33136

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

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FAIBISCH, RUSSELL	
STREET ADDRESS	1575 NW 14TH ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FAUBISCH, CHARLES	
STREET ADDRESS	1575 NW 14TH ST	
CITY-ST-ZIP	MIAMI FL 33125	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 NW 14th St	
CITY-ST-ZIP	Miami FL 33136	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faibisch, Charles	
STREET ADDRESS	1000 NW 14th St.	
CITY-ST-ZIP	Miami FL 33136	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

305-381-7043

Date

Daytime Phone #

CR2E034 (10/00)