

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90312 022 ***150.00

DOCUMENT # P95000008820

1. Entity Name
LIFE ALL, INC.

Principal Place of Business

5757 SW 8TH ST
SUITE 111
MIAMI FL 33144

Mailing Address

5757 SW 8TH ST
SUITE 111
MIAMI FL 33144

2. Principal Place of Business

3860 W Flagler St
Suite, Apt. #, etc.

3. Mailing Address

3860 W Flagler St
Suite, Apt. #, etc.

City & State

Miami-Fla

Zip

33134

Country

City & State

Miami-Fla

Zip

33134

Country

4. FEI Number

65-0556500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTA CRUZ, MARIA I
5757 SW 8TH ST
SUITE 111
MIAMI FL 33144

Name

SANTA CRUZ MARIA I

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

3860 W Flagler St

City

Miami

FL

Zip Code

33134

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 date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SANTA CRUZ, MARIA I
STREET ADDRESS 5757 SW 8TH ST #111
CITY-ST-ZIP MIAMI FL 33144

TITLE PD ☐ Change ☐ Addition
NAME SANTA CRUZ MARIA I
STREET ADDRESS 3860 W Flagler St
CITY-ST-ZIP Miami-Fla. 33134

TITLE VPSD ☐ Delete
NAME GINORI, MARGARITA L
STREET ADDRESS 5757 SW 8TH ST #111
CITY-ST-ZIP MIAMI FL 33144

TITLE VPSD ☐ Change ☐ Addition
NAME GINORI, MARGARITA L
STREET ADDRESS 3860 W Flagler St
CITY-ST-ZIP Miami, Fla. 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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

Date

Daytime Phone #

CR2E034 (10/00)