

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90017 035 \*\*\*150.00

**DOCUMENT # P96000050012**

1. Entity Name

**SOUTH FLORIDA LIFELINE, INC.**

Principal Place of Business

**3915 BISCAYNE BLVD  
 4TH FLOOR  
 MIAMI FL 33137  
 US**

Mailing Address

**PO BOX 379006  
 MIAMI FL 33137  
 US**

2. Principal Place of Business

3. Mailing Address

**4269 SW 157 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MIAMI, FL**

City & State

City & State

Zip

Country

Zip

Country

**33185**

**USA**

4. FEI Number

**65-0694741**

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

**MURAI, WALD, BIONDO & MORENO, P.A.  
 25 S.E. 2ND AVENUE  
 SUITE 900  
 MIAMI FL 33131**

Name

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

City

**FL**

Zip Code

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **MOHAMAD, FELICIANO**  
 CITY-ST-ZIP **4269 SW 157 CT**  
**MIAMI FL 33185**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **MOHAMAD, LUCIA**  
 CITY-ST-ZIP **4269 SW 157 CT**  
**MIAMI FL 33185**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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)(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**

Date

Daytime Phone #

**7-16-01 (305) 221-8658**

008830  
 AV

CR2E034 (5/01)

Attachment Doc # P96000050012  
C0073916

July 17, 2001

Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

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Enclosed please find check # 1619, for \$150.00.

- We did not receive the first form in May. The attached one was the first we received. I called and the Customer Service person told me to send the \$150 with an explanation.

Sincerely,



Lucia Mohamad

Secretary

South Florida Lifeline