

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State
 03-29-2000 90044 027 ***150.00

DOCUMENT # P96000055613

1. Entity Name

LIFESTYLES INTERNATIONAL CLUB, INC.

Principal Place of Business

**1221 BRICKWELL AVE
 STE 900
 MIAMI FL 33131**

Mailing Address

**1221 BRICKWELL AVE
 STE 900 1070
 MIAMI FL 33131**

2. Principal Place of Business

1221 BRICKWELL AVE

3. Mailing Address

**LIFESTYLES INTERNATIONAL C.
 1221 BRICKWELL AVE #1070**

Suite, Apt. #, etc.

1070

City & State

MIAMI FL

City & State

MIAMI FL 33131

4. FEI Number

65-0691942

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, DISNEY D
 169 E. FLAGLER ST.
 SUITE 1527
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

**LIFESTYLES INTERNATIONAL C.
 1221 BRICKWELL AVE #1070**

City

MIAMI FL 33131

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 \$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

TITLE **DP** ☐ Delete
 NAME **BOHORQUEZ, LUIS F**
 STREET ADDRESS **169 E. FLAGLER ST., STE 1527**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DS** ☐ Delete
 NAME **BOHORQUEZ, MARLENE A**
 STREET ADDRESS **169 E. FLAGLER ST., STE 1527**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **BOHORQUEZ, CARIME M**
 STREET ADDRESS **169 E. FLAGLER ST., STE 1527**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DVP** ☐ Delete
 NAME **BOHORQUEZ, FERNANDO R.**
 STREET ADDRESS **169 E. FLAGLER ST., SUITE 1527**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DT** ☐ Delete
 NAME **BOHORQUEZ, RENZO**
 STREET ADDRESS **169 E. FLAGLER ST., STE 1527**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME *x huanai sob*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME *[Signature]*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME *[Signature]*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME *[Signature]*
 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 #

mar/20/00 3053729292

CR2E034 (9/99)