

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069697

1. Entity Name
LIFE EXTENSION CENTER, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90021 033 ***155.00

Principal Place of Business
4081 LAGUNA STREET
CORAL GABLES FL 33146

Mailing Address
4081 LAGUNA STREET
CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4836 S.W. 8TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State

4. FEI Number 65-0689950

Applied For
Not Applicable

Zip 33134

Country USA

Zip

Country

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

LUNA, MARCELO
4081 LAGUNA ST
CORAL GABLES FL 33146

Name MARCELO LUNA

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

4836 S.W. 8TH STREET

City Coral Gables

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FLORES, MANUEL
4081 LAGUNA STREET
CORAL GABLES FL 33146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LUNA, MARCELO
4081 LAGUNA STREET
CORAL GABLES FL 33146 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Marcelo Luna MARCELO LUNA - VSD

3/16/01

(305) 448-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0164482