

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90076 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069697

1. Entity Name

LIFE EXTENSION CENTER, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4836 SW 8TH STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

Miami Dade

Zip

Country

4. FEI Number

65-0689950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARCELO LUNA

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

4836 SW 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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	D
NAME	MARCELO LUNA
STREET ADDRESS	4836 S.W. 8TH STREET
CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	D
NAME	MATHEU FLORES
STREET ADDRESS	4836 S.W. 8TH STREET
CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 MARCELO LUNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 (305)498-9955

Date

Daytime Phone #

CR03348 (12/01)