2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # **P96000069700** LIFE EXTENSION CERTIFIED, INC. rincipal Place of Business Mailing Address LAGUNA STREET 4081 LAGUNA STREET · ---- GABLES FL 33146 CORAL GABLES FL 33146-1406 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

This corporation is eligible to satisfy its Intangible

FLORES. MANUEL

LUNA, MARCELO

4081 LAGUNA STREET

4081 LAGUNA STREET

CORAL GABLES FL 33146

CORAL GABLES FL 33146

Tax filing requirement and elects to do so.

LUNA, MARCELO

4081 LAGUNA ST **CORAL GABLES FL 33146**

···NATURE

ST-ZIP

ST-ZIP

: : <u>***********</u>

ST-ZIP

.... : AMMERG

ST-ZIP

... : 1000033

ST-ZIP

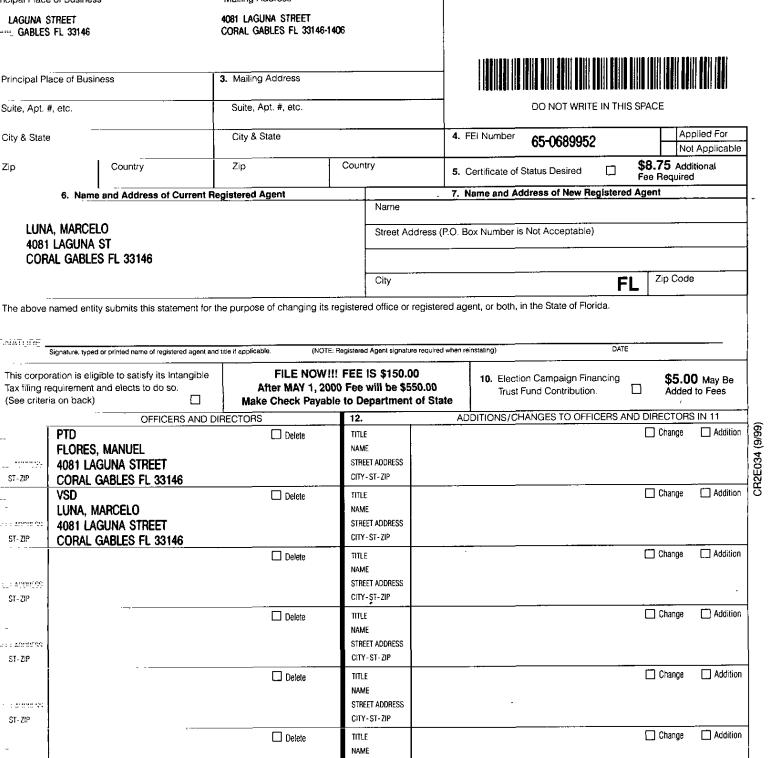
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(See criteria on back)

PTD

FILED Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90043 049 ***150.00



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 of 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.

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-\$T-ZIP

UNA-VSD 4/13/00 ما لاحک تعید − بدن AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR