

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083489

1. Entity Name

LIFEWORCS ENRICHMENT CENTER, INC.

FILED

Apr 14, 2000 8:00 am  
Secretary of State

04-14-2000 90099 017 \*\*\*150.00

Principal Place of Business

3200 NORTH FEDERAL HWY  
~~SUITE 225~~  
BOCA RATON FL 33431

Mailing Address

3200 NORTH FEDERAL HWY  
~~SUITE 225~~  
BOCA RATON FL 33431-6050

2. Principal Place of Business

3200 North Federal Hwy  
Suite, Apt. #, etc.  
#124

3. Mailing Address

Suite, Apt. #, etc.  
#124

City & State

Boca Raton, FL ~~33431~~

City & State

Zip

Country

33431

USA

Zip

Country

4. FEI Number

65-0784108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERLING, ELIZABETH *spell*  
3200 NORTH FEDERAL HWY  
SUITE 225  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Sterling, Elizabeth  
Street Address (P.O. Box Number is Not Acceptable)  
3200 North Federal Highway  
Suite 124  
City Boca Raton FL Zip Code 33431

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 PSD  
NAME STERLING, ELIZABETH ☐ Delete  
STREET ADDRESS 3200 N FEDERAL WAY, STE 225  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VD  
NAME ANTYUHIN, GREGORY ☒ Delete  
STREET ADDRESS 3200 N FEDERAL WAY, STE 225  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN24 (9/00)