

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014681

1. Entity Name

AGE REVERSAL CENTRES - BOCA RATON, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91441 001 ***300.00

Principal Place of Business

Mailing Address

~~10597 LAKE JASMINE DRIVE~~
BOCA RATON FL 33498

10597 LAKE JASMINE DRIVE
BOCA RATON FL 33498-1617

2. Principal Place of Business

3. Mailing Address

22158 APPLICATION DR.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

4. FEI Number 65-0828725

Applied For
Not Applicable

Zip

Country

Zip

Country

33428

USA

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

GROSS, JENNY
10597 LAKE JASMINE DRIVE
BOCA RATON FL 33498

Name

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

City

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME ELIAN, BOL
STREET ADDRESS 9976 NW 64 CT
CITY-ST-ZIP PARKLAND FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME GROSS, STEVEN
STREET ADDRESS ~~10597 LAKE JASMINE DR~~ 22158 APPLICATION DR.
CITY-ST-ZIP BOCA RATON FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME STARK, SAMUEL
STREET ADDRESS 5025 NW 66 AVE
CITY-ST-ZIP MIAMI FL 33155

TITLE
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CITY-ST-ZIP

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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 #

CR2E034 (9/99)