2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000056507

Suite, Apt. #, etc.

City & State

Zip

1. Entity Name

Suite, Apt. #, etc.

JUAREZ, JOCELYN T

the obligations of registered agent.

8331 SW 4TH ST MIAMI FL 33144

City & State

Zip

SIGNATURE



Name

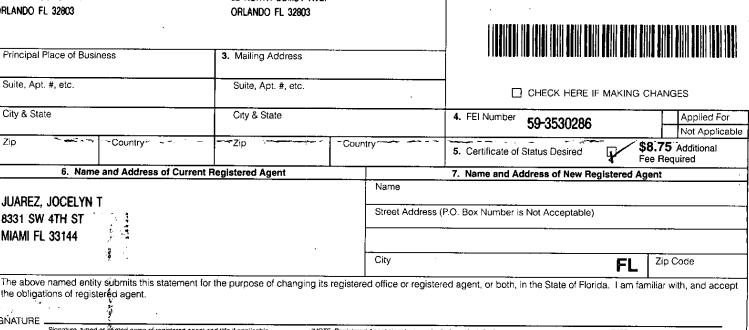
LIFE PARTNERS, INC.		
Principal Place of Business 32 NORTH BUMBY AVE. ORLANDO FL 32803	Mailing Address 32 NORTH BUMBY AVE. ORLANDO FL 32803	
2. Principal Place of Business	3. Mailing Address	_

6. Name and Address of Current Registered Agent

4.4 6 4.2

FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90176 009 ***158.75



☐ Change

☐ Addition

	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: R	egistered Agent signature requ	uired when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAREZ, JOCELYN T 436 ALTALOMA AVE ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Juarez, Lyn 436 Altaloma Ave Orlando Fl. 32803	□ Delete ≥55	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAREZ, JOCELYN 436 ALTALOMA AVE ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Juarez, Lyn P 436 Altaloma Ave Orlando Fl 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address,

NAME

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP