

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076005

1. Entity Name

4 A Better Life, Inc.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90278 013 \*\*\*150.00

Principal Place of Business

1380 Miami Gardens Dr.  
N. Miami Beach, Florida  
33179

Mailing Address

SAME

950388

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Schatten, Terry  
17395 N. Bay Road #200A  
Sunny Isles, FL 33160

7. Name and Address of New Registered Agent

Name: Elaine Kaufman  
Street Address (P.O. Box Number is Not Acceptable):  
1380 Miami Gardens Dr.  
Suite 255  
City: North Miami Bch FL Zip Code: 33179

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 Elaine Kaufman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/00

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	President - Vice Pr., Sec., <input checked="" type="checkbox"/> Delete
NAME	Schatten, Terry <input checked="" type="checkbox"/> treasurer
STREET ADDRESS	17395 N Bay Road #200A
CITY-ST-ZIP	Sunny Isles, FL 33160
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Elaine Kaufman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	#President - Vice Pres., sec., Treas.
STREET ADDRESS	1380 Miami Gardens Dr. #255
CITY-ST-ZIP	N. Miami Bch, Florida 33179
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)