

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90020 033 \*\*\*150.00

**DOCUMENT # P98000091852**

1. Entity Name  
**EXTEND LIFE, INC.**

Principal Place of Business

Mailing Address

5178 N.W. 103RD AVE.  
 MIAMI FL 33178

5178 N.W. 103RD AVE.  
 MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5178 NW 103rd AVE

Suite, Apt. #, etc.

5178 NW 103rd AVE

City & State

Miami FL

City & State

Miami FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0872659

Applied For

Not Applicable

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

FLORIDA INCORPORATORS, INC.  
 1221 BRICKELL AVE, STE 900  
 MIAMI FL 33131

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, 2001 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 | NAME           | STREET ADDRESS         | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
|-------|----------------|------------------------|----------------|---------------------------------|
| P     | SITEK, DAVID R | 5178 N.W. 103RD AVENUE | MIAMI FL 33178 | <input type="checkbox"/>        |
|       |                |                        |                | <input type="checkbox"/>        |
|       |                |                        |                | <input type="checkbox"/>        |
|       |                |                        |                | <input type="checkbox"/>        |
|       |                |                        |                | <input type="checkbox"/>        |
|       |                |                        |                | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: DAVID R. SITEK David R. Sitek  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/2001 Daytime Phone #: 305-579-9516

CR2E034 (10/00)