2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FiltD Feb 28, 2002 8:00 am Secretary of State P99000038242 **DOCUMENT #** 1. Entity Name LIFESPAN RESEARCH FOUNDATION, INC. 02-28-2002 90051 028 ***150.00 Principal Place of Business Mailing Address 8750 S.W. 144TH STREET 8750 S.W. 144TH STREET SUITE 203 SUITE 203 MIAMI FL 33176 MIAM! FL 33176 2. Principal Place of Business 3. Mailing Address 128 St 128 S+ 13322 SW ಽಀ 13322 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State _ Applied For City & State 4. FEI Number 65-0921729 「し. miami Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 33186 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jallad, Nader S JALLAD, NADER S Street Address (P.O. Box Number is Not Acceptable) 8750 S.W. 144TH STREET **SUITE 203** 128 54. 13322 **MIAMI FL 33176** 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE (X) Change ☐ Addition ☐ Delete Jallad , Mader Jallad, Nader S NAME MAME 13322 SW 128 St. 8750 S.W. 144TH STREET SUITE 203 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 miami, FL. CITY-ST-ZIP CITY-ST-ZIP Change Ch ☐ Addition ☐ Delete TITLE TITLE GARAGE MANZANO, GERARDO NAME (3322 80 5900 SW 97CT -STREET ADDRESS STREET ADDRESS 33186 MIAMI-FL 33173 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.