2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000054972 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** LIVING RIGHT, INC. 01-19-2000 90289 046 ***150.00 Mailing Address Principal Place of Business 7525 N.W. 61ST-TERR.: #2909 7525 N.W. 61ST-TERR.: #2903 PARKLAND FL 00067-2422 PARKLAND-FL-33067 2. Principal Place of Business 3. Mailing Address 3660 N.W. 126 AVE. 3660 N.W. 126 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. BAYS BAYS 6 T 4. FEI Number 65-0926251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TITONE, ANTHONY J P.A. 7471 W. OAKLAND PARK BLVD., STE. 110 FT: LAUDERDALE FL 33319 LAUDERDALE 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. FORMAN TITLE Change ☐ Addition TITLE 7525 N.W. 61 ST. TERR, #2903 NAME NAME PARKLAND FL. 33067 STREET ADDRESS STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP T - DIRECTOR Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECRETARY - DIRECTOR Delete ANTHONY J. TITONE 7471 W. OAKLAND PK-BLUD TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS FT. LAUDERDALE Fl.33319 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 the appowered.