

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054972

1. Entity Name  
LIVING RIGHT, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90012 008 \*\*\*150.00

Principal Place of Business  
3660 NW 126TH AVE  
BAY 6 & 7  
CORAL SPRINGS FL 33065

Mailing Address  
3660 NW 126TH AVE  
BAY 6 & 7  
CORAL SPRINGS FL 33065

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 65-0926251

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

TITONE, ANTHONY J P.A.  
7471 W. OAKLAND PARK BLVD.,  
STE 110  
FT. LAUDERDALE FL 33319

Name  
Wendy Forman  
Street Address (P.O. Box Number is Not Acceptable)  
7525 NW 61 Terrace #2903  
City Parkland FL Zip Code 33067

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 *X Wendy Forman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*X 15 April 2001*

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 PD  
NAME FORMAN, WENDY  
STREET ADDRESS 7525 NW 61 TERR #2903  
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE PSD  
NAME Forman, Wendy  
STREET ADDRESS 7525 NW 61 Terrace #2903  
CITY-ST-ZIP Parkland, FL 33067 ☒ Change ☐ Addition

TITLE SD  
NAME TITONE, ANTHONY J  
STREET ADDRESS 7471 W. OAKLAND PK BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *X Wendy Forman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*X 15 April 2001* *X 954 796 2216*

0131174

CR2E034 (10/00)