

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056261

1. Entity Name

AGE REVERSAL SOFTWARE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91441 001 ***300.00

Principal Place of Business

Mailing Address

10597 LAKE JASMINE DR.
 BOCA RATON FL 33498

10597 LAKE JASMINE DR.
 BOCA RATON FL 33498-1617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

22158 APPLETON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33428

Country

USA

Zip

Country

4. FEI Number

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

GROSS, JENNY
 10597 LAKE JASMINE DR.
 BOCA RATON FL 33498

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	STEVEN GROSS	22158 APPLETON DR	BOCA RATON, FL 33428	<input type="checkbox"/>
VP-SECRETARY	GIL ELAN	9976 NW 64 CT.	PARKLAND, FL 33076	<input type="checkbox"/>
VP	JAM-ITANK	5025 SW 66 AVE	MIAMI FL 33155	<input type="checkbox"/>
VP	JOSEPH RUIZ y/o	22158 APPLETON DR.	BOCA RATON, FL 33428	<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"/>
				<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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 561-487-1200

CR2E034 (9/99)