2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # P99000059190 May 01, 2000 8:00 am Secretary of State 1. Entity Name REAL LIFESPAN, INC. 05-01-2000 90452 042 ***150.00 Principal Place of Business Mailing Address 4303 HAYES STREET 4303 HAYES STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-5363 2. Principal Place of Business 3. Mailing Address Real Lifespan Inc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. PO Box 814991 Hollywood, FL 33081 1-800-747-2057 Applied For City & State 4. FEI Number 65-0928160 Not Applicable Zip · Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAPARATA, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 4303 HAYES STREET HOLLYWOOD FL 33021 City ging its gistered office or registered agent, or both, in the State of Florida its this statement for the 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS \$150.00 . 9. This corporation is eligible to satisfy its Intangible **\$5:00** May Be 10.-Election Campaign Financing 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. PRESIDENT ☐ Change Addition TITLE Delete TITLE STEPHEN DORIA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FLA. 33179 CITY-ST-ZIP VICE PRESIDENT ALEXANDER SAPARAM Change 🔀 Addition TITLE Delete TITLE NAME NAME STREET ADDRESS: 4363 HAYES ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY WIDD Change Addition ☐ Delete TITLE 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 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing coes 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 supplier explains the end 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 burstee empowered to execute his report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attach