

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-04-2003 90114 030 ***150.00

DOCUMENT # P990000059190 1. Entity Name REAL LIFESPAN, INC.			
Principal Place of Business P O BOX 814991 HOLLYWOOD FL 33081		Mailing Address 4303 HAYES STREET HOLLYWOOD FL 33021	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 640 S Park Rd Suite, Apt. #, etc. 415	
City & State Hollywood FL		4. FEI Number 65-0928160 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Zip Country 33021		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPARATA, ALEXANDER 4303 HAYES STREET HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name: Alexander SAPARATA Street Address (P.O. Box Number is Not Acceptable) 640 South Park Rd # 415 City: Hollywood FL Zip Code: 33021	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Alexander SAPARATA (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: STEPHEN, DORIA STREET ADDRESS: 801 N E 199 ST CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SAPARATA, ALEXANDER STREET ADDRESS: 4303 HAYES ST CITY-ST-ZIP: HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/18/03 Daytime Phone #: 1-800-747-2057	

CR2E034 (10/02)