

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90030 030 ***150.00

DOCUMENT # P99000083303

1. Entity Name

LONGEVITY CENTER OF SOUTH FLORIDA, KENDALL BRANC#

Principal Place of Business

Mailing Address

~~6701 SUNSET DR. SUITE 200A~~
~~MIAMI FL 33143~~

~~6701 SUNSET DR. SUITE 200A~~
~~MIAMI FL 33143-4529~~

2. Principal Place of Business

3. Mailing Address

8966 SW 87TH CT.

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 9

City & State
MIAMI FLA

City & State

4. FEI Number

65-0987711

Applied For

Not Applicable

Zip
33176

Country
USA

Zip

Country

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

ABELOVE, WILLIAM A
~~6701 SUNSET DR. SUITE 200A~~
~~MIAMI FL 33143~~

8966 SW 87TH CT
SUITE 9
MIAMI FL 33176

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

[Handwritten Signature]

3/31/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 Delete
D
 NAME **ABELOVE, WILLIAM A**
 STREET ADDRESS **6701 SUNSET DR. SUITE 200A**
 CITY-ST-ZIP **MIAMI FL 33143**

8966 SW 87TH CT
SUITE 9
MIAMI FL 33176

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **DAGNESSES, JORGE**
 STREET ADDRESS **15378 SW 140TH ST**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 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 like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM A. ABELOVE

3/31/00

CR2E034 (9/99)