

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1 of 2

DOCUMENT # P99000103974

1. Entity Name

Liberty 4 Life, Inc.

FILED

02 MAY -1 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8211 W. Broward Blvd.

3. Mailing Address

8211 W. Broward Blvd.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

US

Zip

33324

Country

US

4. FEI Number

65-0968980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Yehiel Shelnor

Street Address (P.O. Box Number is Not Acceptable)

8211 W. Broward Blvd., Ste. 200

City

Plantation

FL

Zip Code

33324

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.

Yehiel Shelnor President

4-30-02

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Yehiel Shelnor
8211 W. Broward Blvd., Ste. 200
Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005500351--0
-05/09/02--01041--022
****300.00 ****300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yehiel Shelnor

Date

Daytime Phone #

4-30-02 786-277-3251

CR2E034B (12/01)

Liberty 4 Life, Inc.

8211 West Broward Boulevard, Suite 200
Plantation, Florida 33324

2af2

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

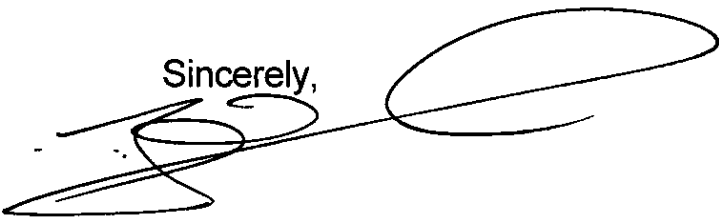
Dear Sir or Madam:

I am writing to you this letter because it has come to my attention that my corporation has been dissolved for not filing its annual report. Unfortunately, my business moved during 2001 and I never received any notices for my 2001 Uniform Business Report.

As such, I would like to request an abatement of the penalties for late filing. Please accept this payment and this completed UBR form in full satisfaction of my filing requirements.

Thanking you in advance for your attention to this matter, I remain,

Sincerely,

A handwritten signature in black ink, appearing to read 'Yehiel Shehrur', with a large, stylized loop at the end.

Yehiel Shehrur
President