

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90039 049 ***150.00

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DOCUMENT # V16461

1. Entity Name

AFFORDABLE HEALTH AND LIFE SERVICES, INC.



Principal Place of Business

13264 LAKESIDE TERRACE
COOPER CITY FL 33330
US

Mailing Address

5722 S FLAMINGO RD
ST #200
COOPER CITY FL 33330
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0314970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KODISH, BARRY H.
13264 LAKESIDE TER.
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name

~~Barry H. Kodish~~ Renee Kodish

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

5238 SW 122nd Terrace

City

Cooper City

FL

Zip Code

33330

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

Renee Kodish

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
KODICH, BARRY H
5238 SW 122ND TERRACE
COOPER CITY FL 33330

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
Renee Kodish
5238 SW 122 Terrace
Cooper City, FL. 33330

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

Renee Kodish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

954-252-8282

Daytime Phone #

CR2E034 (4/03)

Attachment

AFFORDABLE HEALTH & LIFE SERVICES, INC.

90143352
V16461

5722 So. Flamingo Rd. • #225 • Cooper City, Florida 33330 • Broward 954-252-8282 • Florida 800-959-9538

July 10, 2003

This is the first copy of the UBR form I received this year. When I spoke with your office I was told to send a note with the form. Thank you for your assistance.

Sincerely,



Barry H. Kodish