

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111777

1. Entity Name

EXERLIFE CORPORATION

Principal Place of Business

1054 SW 5TH STREET
BOCA RATON FL 33486

Mailing Address

1054 SW 5TH STREET
BOCA RATON FL 33486

2. Principal Place of Business

6622 Patio Lane

3. Mailing Address

PO Box 276153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton FL

4. FEI Number

65-0980231

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, JAN MICHAEL ESQ.
6622 PATIO LANE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	D	ARENSTEIN, ANDREW	☒ Delete
NAME		1054 SW 5TH STREET	
STREET ADDRESS		BOCA RATON FL 33486	
CITY-ST-ZIP			
TITLE	D	FUNK, RONALD	☐ Delete
NAME		1054 SW 5TH STREET	
STREET ADDRESS		BOCA RATON FL 33486	
CITY-ST-ZIP			
TITLE	D	BERMAN, CLIVE	☐ Delete
NAME		1054 SW 5TH STREET	
STREET ADDRESS		BOCA RATON FL 33486	
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	☐ Change ☒ Addition
NAME	Jan Michael Morris	
STREET ADDRESS	PO Box 276153	
CITY-ST-ZIP	Boca Raton, FL 33427	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

03-16-2001 90072 044 ****61.25

04-27-2001 90242 007 ****88.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)