

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068870

1. Entity Name

TONE ZONE FITNESS, CORP.

Principal Place of Business

6456 SW 15TH STREET
MIAMI FL 33144

Mailing Address

6456 SW 15TH STREET
MIAMI FL 33144

Principal Place of Business

6800 SW 40TH ST
MIAMI FL 33155

Mailing Address

6800 SW 40TH ST
MIAMI FL 33155

Suite, Apt. #, etc.

#228

Suite, Apt. #, etc.

#228

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

Zip

33155

Country

4. FEI Number

01-0581002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VETTE RODRIGUEZ, P.A.
201 ALHAMBRA CIRCLE SUITE 500
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOT 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME RODRIGUEZ, HECTOR A JR
STREET ADDRESS 6456 SW 15TH STREET
CITY-ST-ZIP MIAMI FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME RODRIGUEZ, HECTOR A JR
STREET ADDRESS 6800 SW 40TH STREET #228
CITY-ST-ZIP MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 26 PM 12:01

(LATE) sorry.
(305) 262-4844

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)