

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90389 041 ***150.00

DOCUMENT # P99000092731

1. Entity Name

UNIQUE, PHYSIQUE NUTRITION & FITNESS CENTER INC.

Principal Place of Business

Mailing Address

**324A S.W. 12ND AVENUE
 FL 33130**

**324A S.W. 12ND AVENUE
 MIAMI FL 33130-2012**

2. Principal Place of Business

324-A S.W. 12 AVE
 Suite, Apt. #, etc.

3. Mailing Address

324-A S.W. 12 AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FLA.

City & State

Miami, FLA.

4. FEI Number

65-0375648

Applied For

Not Applicable

Zip

33130

Country

U.S.A.

Zip

33130

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, HUMBERTO
 324A S.W. 12ND AVENUE
 MIAMI FL 33130**

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUBILLOS, DILMA M	
STREET ADDRESS	324A S.W. 12ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOPEZ, HUMBERTO	
STREET ADDRESS	324A S.W. 12ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 00
 Date

(305) 541-2129
 Daytime Phone #

CR2E034 (9/99)