

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90078 039 \*\*\*150.00

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**DOCUMENT # P99000092731**

1. Entity Name  
**UNIQUE, PHYSIQUE NUTRITION & FITNESS CENTER INC.**

Principal Place of Business <b>324A S.W. 12ND AVENUE                  MIAMI FL 33130</b>	Mailing Address <b>324A S.W. 12ND AVENUE                  MIAMI FL 33130</b>
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2. Principal Place of Business <b>1350 South Dixie HWY.                  Suite, Apt. #, etc.                  Fitness Center                  City &amp; State                  Coral Gables, FLA.                  Zip                  33146                  Country                  U.S.A.</b>	3. Mailing Address <b>1350 South Dixie HWY.                  Suite, Apt. #, etc.                  Fitness Center                  City &amp; State                  Coral Gables, FLA.                  Zip                  33146                  Country                  U.S.A.</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0375648</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name **Humberto Lopez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1350 South Dixie HWY.  
 City Coral Gables FL Zip Code 33146**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2002 Fee will be \$550.00                  Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CUBILLOS, DILMA M 324A S.W. 12ND AVENUE MIAMI FL 33130</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LOPEZ, HUMBERTO 324A S.W. 12ND AVENUE MIAMI FL 33130</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **(305) 667-0106**

CR2E034 (9/01)