

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90156 016 ***150.00

DOCUMENT # S77436

1. Entity Name

SPINELLI GYM, CORP.

Principal Place of Business

Mailing Address

14778 S.W. 88TH STREET
 MIAMI FL 33196
 US

PO BOX 266110
 WESTON FL 33326-6110
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 266110

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston, Fl

4. FEI Number

65-0287945

Applied For

Not Applicable

Zip

Country

Zip

Country

33326

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPINELLI, MARCO
12129 S.W. 175 ST.
MIAMI FL 33183

Name **Alfredo G. Duran**

Street Address (P.O. Box Number is Not Acceptable)
Suite 1400, Terremark Center

2601 So. Bayshore Dr.

City

Miami

FL

Zip Code

33133

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

1-20-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD CASALE, ANTONIO SPINELLI**
 STREET ADDRESS **12129 S.W. 75TH ST.**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
 NAME **D/Pres//Sec/Treas Antonio Spinelli**
 STREET ADDRESS **16680 So. Post Rd.**
 CITY-ST-ZIP **Weston, Fl 33331**

TITLE Delete
 NAME **S MARMO, MARCO SPINELLI**
 STREET ADDRESS **12129 S.W. 75TH ST.**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO SPINELLI, Pres 1/20/00 (954) 217-4979

Date

Daytime Phone #

CR2E034 (0/00)