# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 29, 2001 8:00 am**
**Secretary of State**
08-29-2001 90009 008 ***150.00

DOCUMENT # P93000022407

1. Entity Name
IDOL'S GYM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 LINCOLN ROAD<br>MIAMI BEACH FL 33139 | 1000 LINCOLN ROAD<br>MIAMI BEACH FL 33139 |

715 NORTH LN
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 715 N. LINCOLN LN | 715 N. LINCOLN LN. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI BEACH FL | City & State: MIAMI BEACH FL |
| Zip: 33139-2873 Country: U.S.A. | Zip: 33139-2873 Country: U.S.A. |

4. FEI Number 65-0385494 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

OSTOS, JAIME
1000 LINCOLN ROAD
MIAMI BEACH FL 33139

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

Name: JAIME OSTOS
Street Address (P.O. Box Number is Not Acceptable): 715 N. LINCOLN LN.
City: MIAMI BEACH FL Zip Code: 33139-2873

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: J. OSTOS, PRES. DATE: APR 19 2001
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) ☐

**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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSD<br>OSTOS, JAIME<br>~~1440 PENNSYLVANIA AVE. APT 2~~<br>~~MIAMI BEACH FL 33139~~ | ☐ Delete | ☑ Change ☐ Addition<br>681 NE 70TH ST.<br>MIAMI FL 33138 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ENEIM, ANTHONY<br>~~1440 PENNSYLVANIA AVE. APT 2~~<br>~~MIAMI BEACH FL 33139~~ | ☐ Delete | ☑ Change ☐ Addition<br>681 NE 70TH ST.<br>MIAMI FL 33138 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ENEIM, ANTHONY<br>~~1440 PENNSYLVANIA AVE. APT 2~~<br>~~MIAMI BEACH FL 33139~~ | ☐ Delete | ☑ Change ☐ Addition<br>681 NE 70TH ST.<br>MIAMI FL 33138 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |

CR2E034 (10/00)

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:** E. ENEIM, V.P. 5-1-01 305-532-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #