

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

**1000 LINCOLN ROAD
 MIAMI BEACH FL 33139**

Mailing Address

**1000 LINCOLN ROAD
 MIAMI BEACH FL 33139**

**715 NORTH LINCOLN
 MIAMI BEACH FL 33139**

2. Principal Place of Business

715 N. LINCOLN LN

3. Mailing Address

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

J. OSTOS, PRES.

APR 19 2001

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	OSTOS, JAIME	
STREET ADDRESS	1440 PENNSYLVANIA AVE. APT 2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENEIM, ANTHONY	
STREET ADDRESS	1440 PENNSYLVANIA AVE. APT 2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENEIM, ANTHONY	
STREET ADDRESS	1440 PENNSYLVANIA AVE. APT 2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	681 NE 70TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	681 NE 70TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	681 NE 70TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
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		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. ENEM, V.P.

5-1-01

Date

305-532-0089

Daytime Phone #

CR2E034 (10/00)