

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90044 030 \*\*\*150.00

0220482 AV

**DOCUMENT # P99000070715**  
 1. Entity Name  
**IDOL'S GYM III, INC.**

Principal Place of Business <b>681 N.E. 70TH STREET MIAMI FL 33138</b>	Mailing Address <b>681 N.E. 70TH STREET MIAMI FL 33138</b>
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2. Principal Place of Business <b>5556 NE 4TH COURT</b>	3. Mailing Address <b>5556 NE 4TH COURT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI FL.</b>	City & State <b>MIAMI FL.</b>	4. FEI Number <b>65-0939809</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33138</b>	Country <b>DAVE</b>	Zip <b>33138</b>	Country <b>DAVE</b>

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

6. Name and Address of Current Registered Agent  
**ENNEIN, ANTHONY**  
**681 NE 70TH ST**  
**MIAMI FL 33138**

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 DATE **4/1/02**  
(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, 2002 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	<b>D</b> <b>OSTOS, JAIME</b> <b>681 N.E. 70TH STREET</b> <b>MIAMI FL 33138</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENEIM, ANTHONY</b> <b>681 N.E. 70TH STREET</b> <b>MIAMI FL 33138</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOLTER, CARLS S</b> <b>P.O. BOX 403325TREET</b> <b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: **SIGNATURE REQUIRED** DATE **4/1/02** Daytime Phone **305 751 7591**  
(Signature and typed or printed name of signing officer or director)

CR2E034 (9/01)