

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91056 015 ***150.00

0315692 AV

DOCUMENT # P99000026443

1. Entity Name

ADVANCED FITNESS CONSULTING, INC.



Principal Place of Business
**8575 NW 186 STREET
HIALEAH FL 33015**

Mailing Address
**13300 SW 128 ST
MIAMI FL 33186
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0905313**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, VALLADARES
13300 SW 128TH ST
MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	VALLADARES, ALEXANDER F	
STREET ADDRESS	13300 SW 128 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MEDEROS, ANGEL	
STREET ADDRESS	13300 SW 128 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, DAVID	
STREET ADDRESS	13300 SW 128 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

☒

SIGNATURE REQUIRED

ALEXANDER VALLADARES

305.971.2050

Date **3/31/03**

Daytime Phone #

CR2E034 (10/02)