

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003480 AF

DOCUMENT # **A95000001794**

1. Entity Name  
**FITNESS WAREHOUSE, LTD.**

Principal Place of Business  
**12594 PINES BLVD.  
STE. 101 & 102  
PEMBROKE PINES FL 33027**

Mailing Address  
**12594 PINES BLVD.  
STE. 101 & 102  
PEMBROKE PINES FL 33027**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**FILED**  
**01 MAY -1 AM 11:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0644295** Applied For  
Not Applicable

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

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

**SANTANGELO, CARL G ESQUIRE  
3000 NORTH FEDERAL HIGHWAY  
BUILDING TWO, SUITE 200  
FORT LAUDERDALE FL 33306**

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

Name **EDWARD S. ROBBINS, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**800 S.E. 3RD AVE., Suite 300**  
City **Ft. LAUDERDALE** FL Zip Code **33319**

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 *Edward S. Robbins* (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE **Y-26-01**

9. Capital Contributions as Shown on record. **\$495,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$464,682.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **P95000088047**  
NAME **FITNESS WAREHOUSE, INC.**  
STREET ADDRESS **2122 BLOUNT ROAD**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS **200004271732--0**  
CITY-ST-ZIP **-05718701--01106--009**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Edward S. Robbins* x **1/25/01** x **954-437-0035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)