2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002421

1. Entity Name

DORAL FITNESS L.P., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:58

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BOULEVARD. SUITE 1050 MIAMI FL 33131	200 SOUTH BISCAYNE BOULEVARD. SUITE 1050 MIAMI FL 33131-2329

MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2216 NW 87 Ave	2216 N.W. 87 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number 65-0799297 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHANTZ, LAWRENCE M 200 SOUTH BISCAYNE BOULEVARD, SUITE 1050 MIAMI FL 33131-2394	Name Street Address (P.O. Box Number is Not Acceptable): ~~2216~~ 2601 S. BAYSHORE DRIVE SUITE 1600 City: MIAMI **FL** Zip Code: 33133

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: X LMSchantz 3/30/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000094175	STREET ADDRESS	2216 NW 87 Ave
NAME	DORAL FITNESS, INC.	CITY-ST-ZIP	MIAMI FLORIDA 33172
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 1050		
CITY-ST-ZIP	MIAMI FL 33131-2394		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: X ~~SIGNATURE REQUIRED~~ Preacher 2/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)

000156 AF