

2001 UNIFORM BUSINESS REPORT (UBR)

0005616 AF

DOCUMENT # **A97000002421**

1. Entity Name

DORAL FITNESS L.P., LTD.

Principal Place of Business

**2216 NW 87 AVE.
MIAMI FL 33172**

Mailing Address

**2216 NW 87 AVE.
MIAMI FL 33172**

FILED
01 JAN 26 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

65-0799297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHANTZ, LAWRENCE M
2601 S. BAYSHORE DRIVE, SUITE 1600
MIAMI FL 33133**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAMES BREACHER (President)

1-22-01

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000094175**
NAME **DORAL FITNESS, INC.**
STREET ADDRESS **2216 NW 87 AVE.**
CITY-ST-ZIP **MIAMI FL 33172**

STREET ADDRESS

CITY-ST-ZIP

200003624302--8

-02/02/01--01040--019

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BREACHER (President)

Date

Daytime Phone #

1-22-01 305-717-0047

CR2E003 (11/00)