

# 2001 UNIFORM BUSINESS REPORT (UBR)

000475 AF

DOCUMENT # A99000001992

1. Entity Name

FITNESS WAREHOUSE OF TAMPA, LTD.

FILED

01 FEB 20 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
12594 PINES BLVD.  
PEMBROKE PINES FL 33027

Mailing Address  
12594 PINES BLVD.  
PEMBROKE PINES FL 33027

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

965-0858105 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUVMAN, EDUARDO  
12594 PINES BLVD.  
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name GRUVMAN, EDUARDO  
Street Address (P.O. Box Number is Not Acceptable)  
14847 N. DALE MARRY HWY  
City TAMPA FL Zip Code 33618

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 *Eduardo Gruvman*

EDUARDO GRUVMAN

1-10-01

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. \$370,000.00

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 # P98000071551  
NAME FITNESS WAREHOUSE OF TAMPA, INC.  
STREET ADDRESS 12594 PINES BLVD.  
CITY-ST-ZIP PEMBROKE PINES FL 33027

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Eduardo Gruvman* REQUIRED EDUARDO GRUVMAN 1-10-01 9544370035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)