

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90014 028 ***150.00

DOCUMENT # H93984

1. Entity Name

TREAT YOURSELF FITNESS BAR, INC.

Principal Place of Business

1250 NE 36TH STREET #304
POMPANO BEACH FL 33064

Mailing Address

1250 NE 36TH STREET #304
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22855 ROYAL CROWN TERRACE 22855 ROYAL CROWN TERRACE

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip

Country

Zip

Country

33433 U.S.A

U.S.A

33433

U.S.A

4. FEI Number **59-2625155**

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

CARDINALE, JOHN
1250 NE 36TH STREET
POMPANO BEACH FL 33064

Name

CARDINALE, JOHN

Street Address (P.O. Box Number is Not Acceptable)

22855 ROYAL CROWN TERRACE

City

BOCA RATON

FL

Zip Code

33433

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CARDINALE, JOHN**
CITY-ST-ZIP **1250 NE 36TH STREET #304**
POMPANO BEACH FL 33064

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **CARDINALE, JOHN**
CITY-ST-ZIP **22855 ROYAL CROWN TERRACE**
BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Before APR 1

Tel #

954-786-0082

Thank You

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CR2E034 (10/00)