2000	UNIFORM BUS	NESS REPO	RT (UBF	?)				
DOCUMENT # K49691 1. Entity Name					FILED May 15, 2000 8:00 am Secretary of State			
ultra f	ITNESS, INC.				Secretary	of Sta	ate	
Principal Place	e of Business	Mailing Address			05-15-2000 9022	8 007 ***150).00	
1515 S. FEDERAL HIGHWAY		1515 S. FEDERAL HIGHWAY						
#310 BOCA RATON FL 33432 US		#310 BOCA RATON FL 33432-7451 US			i (anim)) ok nate skyl favit stat skyl	IY MYOYO MINOY MYOYO MYO	1) 0 1011 100)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4 . f	El Number 65-0080823	····	plied For t Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Required		
· ·	6. Name and Address of Current	Registered Agent		7. 1	lame and Address of New Register	ed Agent		
CANNAVALE, STEVEN VINCENT			Name					
6261	SWEET MAPLE LANE		Street A	Street Address (P.O. Box Number is Not Acceptable)				
BOC	A RATON FL 33433							
			City			FL Zip Code	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1,			E: Registered Agent signatu III FEE IS \$150.0 D00 Fee will be \$5 ble to Departmen	00 550.00 t of State	10. Election Campaign Financing Trust Fund Contribution.	Added	O May Be I to Fees	
11	OFFICERS AND	DIRECTORS	12.		DITIONS/CHANGES TO OFFICERS		S IN 11	
TITLE NAME Street Address City - St-Zip	P CANNAVALE, STEVEN V. 6261 SWEET MAPLE LANE BOCA RATON FL	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			🛄 Change	Addition 669 PECH	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUSKY, FRANK PAUL 6655 NW 42ND TERRACE COCONUT CREEK FL	Oejete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGINTON, TERRY 550 JEFFERSON DR, #108 DEERFIELD BEACH FL 33442	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1015 S, Boca	panish River Rd, Raton, FL 33	+302 +32	Addition	
TITLE NAME Street address City-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address. CURE:	s true and accurate and that owered to execute this report	my signature shall h t as required by Cha L	ave the same.	legal effect as it made under gath. If	ars in Block 11 or	or director 1	

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Steven

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