

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90008 003 ***150.00

DOCUMENT # K84589

1. Entity Name
FITNESS DEPOT INC.

Principal Place of Business 1619 SW 107 AVENUE MIAMI FL 33165 US	Mailing Address 1619 SW 107 AVENUE MIAMI FL 33165 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5739 NW 159ST	3. Mailing Address 5739 NW 159ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL	4. FEI Number 65-0167471	Applied For <input type="checkbox"/> Not Applicable
Zip 33014	Country USA	Zip 33014	Country USA

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

6. Name and Address of Current Registered Agent
GARROTE, ANGEL
~~**1619 SW 107 AVENUE**~~
~~**HIALEAH FL 33165**~~

7. Name and Address of New Registered Agent
 Name **Garrote, Angel**
 Street Address (P.O. Box Number is Not Acceptable)
5739 NW 159ST
 City **Miami** FL Zip Code **33014**

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 DATE **4-30-01**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DCM GARROTE, ANGEL L. 8315 NW 186 ST #402 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT GARROTE, ANGEL L. 8315 NW 186 ST #402 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **4-30-01** PHONE **305-826-0702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)