

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K84589

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: FITNESS DEPOT INC.

**Current Principal Place of Business:**

5739 NORTHWEST 159TH STREET  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

5739 NORTHWEST 159TH STREET  
HIALEAH, FL 33014 US

**New Mailing Address:**

FEI Number: 65-0167471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARROTE, ANGEL  
5739 NORTHWEST 159TH STREET  
HIALEAH, FL 33014 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCM ( ) Delete  
Name: GARROTE, ANGEL L.,  
Address: 8315 NW 186 ST #402  
City-St-Zip: MIAMI, FL

Title: PVT ( ) Delete  
Name: GARROTE, ANGEL L.,  
Address: 8315 NW 186 ST #402  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DCM (X) Change ( ) Addition  
Name: GARROTE, ANGEL L.,  
Address: 5739 NW 159 ST  
City-St-Zip: MIAMI LAKES, FL 33014

Title: PVT (X) Change ( ) Addition  
Name: GARROTE, ANGEL L.,  
Address: 5739 NW 159 ST  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL GARROTE

PSD

04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date