2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am Secretary of State DOCUMENT # L0000002096 04-22-2002 90236 014 ****50.00 GYM SOURCE NORTH MIAMI LLC Principal Place of Business Mailing Address 40 EAST 52ND ST. 40 EAST 52ND ST. NEW YORK NY 10022 NEW YORK MY 10022 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. FEI Number. APPLIED FOR Applied For Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C'T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition 8,0 MILLER, RICHARD NAME NAME STREET ADDRESS 40 EAST 52ND ST STREET ADDRESS CP2E083 CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP ШΕ ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete ☐ Change ☐ Addition NAME NAME

11. I hereby certify that the information supplied with this fling 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trusted exposped to execute this report as fequined by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

STREET ADDRESS

QTTY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

☐ Addition

FILED