

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000000125

1. Entity Name

**XTREME FITNESS & TRAINING**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**02 NOV 12 AM 8:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

2. Principal Place of Business

**3367 N UNIVERSITY DR**

3. Mailing Address

**1342 NW 81<sup>ST</sup> AVE**

Suite, Apt. #, etc.

**2ND FLOOR**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**DAVIE FL**

City & State

**PLANTATION FL**

4. FEI Number

**02-0650871**

Applied For

Not Applicable

Zip

**33024**

Country

**USA**

Zip

**33322**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CHRISTIAN P TOLEQUE**

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

**1342 NW 81<sup>ST</sup> AVE**

City

**PLANTATION**

**FL**

Zip Code

**33322**

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 **CHRISTIAN P TOLEQUE**

Signature, typed or printed name of registered agent and title if applicable.

**11-09-02**

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**100009140841**  
**11/21/02--01014--009 \*\*50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>CHIEF OPERATING OFFICER</b>		
	<b>CHRISTIAN P TOLEQUE</b>		
	<b>1342 NW 81<sup>ST</sup> AVE</b>		
	<b>PLANTATION FL 33322</b>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**11-09-02 9543707569**

# L020000000125

Christian P. Toleque  
Chief Operating Officer  
Xtreme Fitness & Training, LLC  
3367 N University Drive  
Davie FL 33024

November 9, 2002

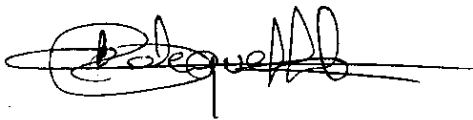
FILED  
02 NOV 12 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

The purpose of this letter is to inform you that Xtreme Fitness & Training LLC did not receive the 2002 Uniform Business Report Notice.

If you have any questions or concerns, please do not hesitate to contact me at 954 530 9486.

Thank you



Christian P Toleque

