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# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000125

1. Entity Name

XTREME FITNESS & TRAINING, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03-AUG-5 AM 10:17

Principal Place of Business

3367 NORTH UNIVERSITY DRIVE 2ND FLOOR  
DAVIE FL 33024

Mailing Address

1342 N.W. 81ST AVENUE  
PLANTATION FL 33322

400022261534  
08/12/03--01066--009 \*\*\*65.00



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 02-0650871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOLEQUE, CHRISTIAN P  
1342 N.W. 81ST AVENUE  
PLANTATION FL 33322

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
TOLEQUE, CHRISTIAN  
1342 N.W. 81ST AVENUE  
PLANTATION FL 33322 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT/COO ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

TOLEQUE, CHRISTIAN P TOLEQUE 02/14/03 954 530 9486

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XTREME FITNESS & TRAINING  
3367 N University Drive, Davie FL 33024  
Phone: 954 433 1516

To Whom It May Concern,

Please update your records, as I have moved from 1342 NW 81<sup>st</sup> Ave., Plantation, FL 33322 to 3966 NW 87<sup>th</sup> Ave., Sunrise, FL 33351. Last Friday I was informed our corporation was inactive and upon further investigation found out it was due to non-response to one of your communication.

For your information, I did not receive the notice that advised me of a returned check and your intent to administratively dissolve in 60 days. Therefore I am requesting a waiver of the reinstatement fee and penalty.

Thank you for your consideration

Sincerely,

Christian P Toleque  
Xtreme Fitness & Training