

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

00 MAY -4 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002007

1. Entity Name  
SUNRISE LADY FITNESS, L.L.C.

Principal Place of Business Mailing Address  
9500 SOUTH DADELAND BLVD., SUITE 705 9500 SOUTH DADELAND BLVD., SUITE 705  
MIAMI FL 33156 MIAMI FL 33156-2849



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10197 Sunrise Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Plantation - FL  
Zip Country  
33322 BR

City & State  
Zip Country

4. FEI Number 65-0872047

Applied For  
Not Applicable

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

GARCIA, AMADO  
9518 SW 118 CT  
MIAMI FL 33186

Name  
Lesley A GARCIA  
Street Address (P.O. Box Number is Not Acceptable)

9500 S. DADELAND Blvd. 705

City Zip Code  
Miami - FL 33156

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME  
MGRM GARCIA, AMADO  
STREET ADDRESS  
9518 SW 118 CT  
CITY - ST - ZIP  
MIAMI FL 33186

TITLE NAME  
Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  
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TITLE NAME  
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STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME  
MGRM ZSUZSANNA, GRICA  
STREET ADDRESS  
9500 S. DADELAND Blvd. 705  
CITY - ST - ZIP  
MIAMI - FL - 33156

TITLE NAME  
MGR LESLEY A. GARCIA  
STREET ADDRESS  
9500 S. DADELAND Blvd. 705  
CITY - ST - ZIP  
MIAMI FL 33156

TITLE NAME  
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CITY - ST - ZIP

CR2E083 (9/99)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #