

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
(AND)
FILED

0006975
AF

DOCUMENT # **L99000000959**

1. Entity Name
BODY MECHANICS GYM, LLC

00 APR 28 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**11951 US HIGHWAY 1
NORTH PALM BEACH FL 33408**

Mailing Address
**11951 US HIGHWAY 1
NORTH PALM BEACH FL 33408-2846**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-089-5970

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MOM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUDOWSKY, AMY
11951 US HIGHWAY 1
NORTH PALM BEACH FL 33408**

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.

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RUDOWSKY, AMY
11951 US HIGHWAY 1
NORTH PALM BEACH FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**000003249880--0
-05/12/00--01021--005
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RUDOWSKY, THOMAS
11951 US HIGHWAY 1
NORTH PALM BEACH FL 33408** ☐ Delete

TITLE
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STREET ADDRESS
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*******50.00 *****50.00** ☐ Change ☐ Addition

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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 OR MANAGER

Date

Daytime Phone #

STAN WIKETOMAS RUDOWSKY IV 4/21/00 56 775 7729

CR2E083 (9/99)