

2000 UNIFORM BUSINESS REPORT (UBR)

0006754 AF

DOCUMENT # L99000006088

1. Entity Name

THE FITNESS STUDIO, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:35

Principal Place of Business

231 NE 15TH STREET
DELRAY BEACH FL 33444

Mailing Address

231 NE 15TH STREET
DELRAY BEACH FL 33444-4124

2. Principal Place of Business

1060 S FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 100

City & State

DELRAY BEACH FL

City & State

4. FEI Number

65-0953641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BILLER, SYDNEY
231 NE 15TH STREET
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

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

3/9/00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM BILLER, SYDNEY
STREET ADDRESS 231 NE 15TH STREET
CITY- ST- ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE NAME MGRM BILLER, JOEL
STREET ADDRESS 231 NE 15TH STREET
CITY- ST- ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
500003169045-1
-03/14/00--01074--021
*****50.00 *****50.00

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 OR MANAGER

SIGNATURE REQUIRED SYDNEY BILLER

Date

2-22-00

Daytime Phone #

CR2E083 (9/99)