

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006395

1. Entity Name

POWER PLAY FITNESS LTD. CO.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:27

Principal Place of Business

3209 NE 36TH STREET, UNIT #5  
FT. LAUDERDALE FL 33308

Mailing Address

3209 NE 36TH STREET, UNIT #5  
FT. LAUDERDALE FL 33308-6708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0952185

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

EMANUELE, MARK A

3600 NORTH FEDERAL HIGHWAY, THIRD FLOOR  
FORT LAUDERDALE FL 33308

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Member Manager John Bromfield 3209 NE 36th St #5 Ft. Lauderdale FL 33308	
		Member Manager Ian Pyka 102 NE 2nd St. Suite 256 Boca Raton, FL 33432	
		900003189543-4 -08/30/00--01028--011 *****50.00 *****50.00	

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:

*John Bromfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-26-00  
Date

954-566-2350  
Daytime Phone #

CR2E083 (9/99)