

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0030665
AB

DOCUMENT # L99000006395

1. Entity Name

POWER PLAY FITNESS LTD. CO.

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

2. Principal Place of Business

Power Play Fitness Ltd. Co.

3. Mailing Address

Power Play Fitness Ltd. Co.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102 NE 2nd St, Suite 256

102 NE 2nd St, Suite 256

City & State

City & State

Boca Raton FL

Boca Raton, FL

Zip

Country

Zip

Country

33432

33432



DO NOT WRITE IN THIS SPACE

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.

(NOT: 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
MGRM
BROMFIELD, JOHN
3209 NE 36TH ST. #5
FT. LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PYKA, IAN
102 NE 2ND ST., SUITE 256
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
800004217608-3
-05/15/01--01093--010
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

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

John Bromfield

4-20-01

517-772-5800

Date

Daytime Phone #

CR2E083 (11/00)