

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90011 019 ****61.25

DOCUMENT # N00000005026

1. Entity Name

ORLANDO AMATEUR BOXING AND FITNESS CENTER, INC.

LA

Principal Place of Business

Mailing Address

~~925 KINGSBRIDGE DR.~~
~~OVIEDO FL 32765~~

925 KINGSBRIDGE DR.
 OVIEDO FL 32765

00000004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

924 W. AMELIA ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

Applied For
 Not Applicable

Zip 32805

Country USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGUEROA, EUGENE
 925 KINGSBRIDGE DR.
 OVIEDO FL 32765

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 EUGENE FIGUEROA CEO/Pres

9-10-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FIGUEROA, EUGENE	
STREET ADDRESS	925 KINGSBRIDGE DR.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, LUCIUS	
STREET ADDRESS	3024 N. POWERS DR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D PIZZARO	<input type="checkbox"/> Delete
NAME	PARRSORRIG, JOSE	
STREET ADDRESS	5670 NOKOMIS CIR.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE FIGUEROA 9-10-01

CR2E037 (5/01)