


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90181 001 *****8.75
09-08-2003 90181 002 *****61.25

DOCUMENT # N00000005026

1. Entity Name
ORLANDO AMATEUR BOXING AND FITNESS CENTER, INC.



Principal Place of Business
**924 W AMELIA ST
ORLANDO FL 32805**


Mailing Address
**925 KINGSBRIDGE DR.
OVIEDO FL 32765**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **57-1140716** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FIGUEROA, EUGENE
925 KINGSBRIDGE DR.
OVIEDO FL 32765**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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	NOVELLE, ROLAND	
STREET ADDRESS	1310 W COLONIAL RD #33	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIZARRO, JOSE	
STREET ADDRESS	5670 NOKOMIS CIR.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILLEN, JOSE A	
STREET ADDRESS	1217 GRECO DR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APDRINI, TUCHPND	
STREET ADDRESS	4303 SUMMIT CREEK BLVD	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 or other like empowered.

SIGNATURE: *EUGENE FIGUEROA* **EUGENE FIGUEROA 9-5-03 (407) 835-8933**

CR2E037 (4/03)