

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90486 022 *****61.25

DOCUMENT # N01000001461

1. Entity Name
T.R.T. SPORTS CLUB, INC.



Principal Place of Business Mailing Address
3753 - A NW 167TH ST. MIAMI FL 33054 **3753 - A NW 167TH ST. MIAMI FL 33054**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1088628** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, HUBERT
3753 - A NW 167TH ST.
MIAMI FL 33054

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 WINSTON FRASER (OT) *Winston Fraser* DATE 4-16-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | CAMPBELL, HUBERT | |
| STREET ADDRESS | 6420 NW 30TH ST. | |
| CITY-ST-ZIP | SUNRISE FL 33313 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | FRASER, WINSTON | |
| STREET ADDRESS | 1251 NE 108TH ST., UNIT 211 | |
| CITY-ST-ZIP | MIAMI FL 33161 | |
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, MICHAEL | |
| STREET ADDRESS | 1095 N.W. 107 ST | |
| CITY-ST-ZIP | MIAMI FL 33168 | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Winston Fraser* 4-16-03

CR2E037 (10/02)