

# 2900 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003945

1. Entity Name

NATIONAL COUNCIL OF STRENGTH & FITNESS CERTIFYIN

**FILED**  
Jun 06, 2000 8:00 am  
Secretary of State

06-06-2000 90003 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7935 SW 86TH ST  
#802  
MIAMI FL 33143  
US

P O BOX 557486  
MIAMI FL 33255-7486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 43-0945

South Miami FL

33243-0945 USA

4. FEI Number

65-0854154

Applied For

Not Applicable

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

GREEN, JERRY  
9200 S DADELAND BLVD STE 617  
MIAMI FL 33156

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 \$61.25

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 PD ☐ Delete  
NAME BIOGIOLI, BRIAN  
STREET ADDRESS 7935 SW 86TH ST  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Change ☐ Addition  
NAME BRIAN BIOGIOLI  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Delete  
NAME BIOGIOLI, CHRIS  
STREET ADDRESS 434 NAUTILUS ST  
CITY-ST-ZIP LA JOLLA CA 92037

TITLE ☐ Change ☐ Addition  
NAME CHRIS BIOGIOLI  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME STEPHENS, DAMIAN  
STREET ADDRESS 7935 SW 86TH ST #802  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)