

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009549

1. Entity Name

MEGA FITNESS, INC.

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90004 030 ***550.00

Principal Place of Business

3555 NORTH FEDERAL HWY
POMPANO BEACH FL 33064

Mailing Address

3555 NORTH FEDERAL HWY
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0992033

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

STEPHENS, GREGORY W

3063 TEMPLE TRAIL

WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

3555 N. Federal Hwy

City Pompano Beach

FL

Zip Code

33064

8. The above named entity subscribes 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

6/18/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MARTINEZ, GUSTAVO
STREET ADDRESS 2800 NE 21ST AVE - H.M.
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 AM

TITLE ☒ Change ☐ Addition
NAME 400 N. CONGRESS AVE
STREET ADDRESS BOYNTON BEACH, FL. 33426
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STEPHENS, GREGORY W
STREET ADDRESS 3063 TEMPLE TRAIL
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
NAME 3555 N. Federal Hwy.
STREET ADDRESS Pompano Beach, FL. 33064
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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

6/18/01

Date

Daytime Phone #

CR2E034 (10/00)