

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91136 021 ***158.75

DOCUMENT # P00000015840

1. Entity Name

EUROPEAN PERSONAL TRAINING, INC.

Principal Place of Business

2881 N. OAKLAND FORREST DR.,STE.212
 OAKLAND PARK FL 33309

Mailing Address

2881 N. OAKLAND FORREST DR.,STE.212
 OAKLAND PARK FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4249 N. STATE RD. 7		3. Mailing Address 1708 N.W. 56th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUD, FL 33319		City & State CORAL SPRING, FL 33076	
Zip	Country U.S.A.	Zip	Country

4. FEI Number 65-0987174	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ULCENA, BERWICK
 2881 N. OAKLAND FORREST DR.,STE.212
 OAKLAND PARK FL 33309

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD ULCENA, BERWICK 2881 N. OAKLAND FORREST DR.,STE.212 OAKLAND PARK FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ULCENA, ELIZABETH J ULCENA 2881 N. OAKLAND FOREST DR STE.,#212 OAKLAND PARK FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 04/14/02 (954) 755-9798
 Date Daytime Phone #

CR2E034 (9/01)