

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017289

1. Entity Name:
HARBOR FITNESS, INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90003 043 ***150.00

0188174

Principal Place of Business 1086 KANE CONCOURSE BAY HARBOR ISLAND FL 33154 <i>[Signature]</i>	Mailing Address 1086 KANE CONCOURSE BAY HARBOR ISLAND FL 33154 <i>[Signature]</i>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0995728	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent METSCH, BENJAMIN R 1385 N.W. 15TH STREET MIAMI FL 33125	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. (NOT 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) <input type="checkbox"/>	FILE NOW After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS LOZANO, HUMBERTO 1086 KANE CONCOURSE BAY HARBOR ISLAND FL 33154 <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	TD LOZANO, HUMBERTO 1086 KANE CONCOURSE BAY HARBOR ISLAND FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

660458

DOCT#P000000172
89

HARBOR PHYSICAL THERAPY & MASSAGE, INC

1090 Kane Concourse, Suite 203

Bay Harbor, FL 33154

(305) 865-4144 / Fax (305) 865-4145

Dear Sirs,

We just recieved our mail on
April 19th in one bulk pile.

Please show us favor and see if
the late fee's can be waived.

If not, we will be obligated to
pay the difference. Please let
us know your decision.

Thank You

Humberto Logano.
president.

P.S, we are a struggling new business, have mercy.