

2000¹ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025044

02-01-2001 90190 046 ***150.00

1. Entity Name

CLUB OBSESSION, INC. ✓

Principal Place of Business

7515 W. OAKLAND PARK BLVD.
STE. 100
FT. LAUDERDALE, FL 33319

Mailing Address

7515 W. OAKLAND PARK BLVD.
STE. 100
FT. LAUDERDALE, FL 33319

2. Principal Place of Business

2674 E. OAKLAND PARK BLVD.

3. Mailing Address

2674 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33306

Country

USA

Zip

33306

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOULE, JAMES L.
7515 W. OAKLAND PARK BLVD.
STE. 100
FT. LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent

Name
GAGLIARDI, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
2674 E. OAKLAND PARK BLVD.
City
FT. LAUDERDALE FL Zip Code
33306

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

1-8-01

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, 2000 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

TITLE	N/A/S/	<input type="checkbox"/> Delete
NAME	NONE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL GAGLIARDI	
STREET ADDRESS	2674 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1-8-2001

2/9/01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 FEB - 1 PM 4: 1

FILED

A0017927

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)