

DOCUMENT # P00000047055

Entity Name  
LUB FIT NO. 2, INC.FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90176 033 \*\*\*150.00

Principal Place of Business  
9900 GRIFFIN RD  
COOPER CITY FL 33314Mailing Address  
9900 GRIFFIN RD  
COOPER CITY FL 33314

Principal Place of Business

3. Mailing Address

9900 Griffin Rd

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Cooper City, FL

Zip

Country

Zip

33328

Country

USA

4. FEI Number 65-1010732

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

CAPATO, R. NICHOLAS

9900 GRIFFIN RD

COOPER CITY FL 33314

Name KRONGOLD, TODD &amp; SINGER, P.L.

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

201 ALHAMBRA CIRCLE

SUITE 801

City

CORAL GABLES,

FL

Zip Code

33134

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.

KRONGOLD, TODD &amp; SINGER, P.L.

SIGNATURE BY: *[Signature]* MEMBER

Signature, if

is life if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

## OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST CAPATO, R. NICHOLAS 9900 GRIFFIN RD COOPER CITY FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T CAPATO, R. NICHOLAS 9900 Griffin Road Cooper City, Fl. 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD, PHIL 9900 GRIFFIN ROAD COOPER CITY FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/CEO LEONARD, PHIL 9900 Griffin Road Cooper City, Fl. 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CAPATO, ANTONIO J 9900 GRIFFIN ROAD COOPER CITY FL 33314	<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	VP LANGLEY, CLARK 9900 GRIFFIN ROAD COOPER CITY FL 33314	<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
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

3. 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 #

CR2E034 (9/01)