

2001' UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90015 044 ***150.00

DOCUMENT # P00000048743

1. Entity Name

SOUNDVIEW HEALTH & FITNESS, INC.

LR

Principal Place of Business

**3215 NORTHEAST 184TH STREET
 SUITE 14307
 AVENTURA FL 33160**

Mailing Address

**3215 NORTHEAST 184TH STREET
 SUITE 14307
 AVENTURA FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3235 NE 184th St.

Suite, Apt. #, etc.

11305

City & State

Aventura FL

Zip

33160

Country

Miami-Dade

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33160

Country

USA

4. FEI Number

65-1009452

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PTD** ☐ Delete
 NAME **GARCIA, NELSON A**
 STREET ADDRESS **3215 NORTHEAST 184TH STREET**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **SVD** ☐ Delete
 NAME **GARCIA, TINA M**
 STREET ADDRESS **3215 NORTHEAST 184TH STREET**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **3235 NE 184th St.**
 STREET ADDRESS **# 11305**
 CITY-ST-ZIP **Aventura, FL 33160**

TITLE ☐ Change ☐ Addition
 NAME **3235 NE 184th St.**
 STREET ADDRESS **# 11305**
 CITY-ST-ZIP **Aventura, FL 33160**

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

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

TITLE ☐ Change ☐ Addition
 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:

SOUNDVIEW HEALTH & FITNESS, INC.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/01

Date

305-932-6956

Daytime Phone #

0048219 AV

CR2E034 (5/01)

A0079307

Attachment

July 18, 2001

#000 000 48743

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed the application and \$150.00 filing fee. The reason this was not sent on time is our corporate address had changed a year ago and we never received this form. We had moved within the same complex and the mailman recognized me and handed me this form. I placed a phone call to your offices in Tallahassee and they instructed me to send you this letter along with the signed form and check for \$150.00.

We feel we should not have to pay the late fee of \$400 for not filing by the due date because we never received the original form ~~and we~~ nothing about the yearly filing fee.

Our new address is: 3235 NE 184th Street
#11305
Aventura, FL 33160

Please make the changes in your office.

We do hope you will waive the \$400.00 filing fee.

Sincerely,



Tina M. & Nelson A. Garcia