

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90062 034 \*\*\*550.00

0117825 AT

**DOCUMENT # P00000052024**

1. Entity Name  
**DG HEALTH & FITNESS INC.**

Principal Place of Business  
**P.O. BOX 610055**  
**NORTH MIAMI FL 33261-0055**

Mailing Address  
**P.O. BOX 610055**  
**NORTH MIAMI FL 33261-0055**

2. Principal Place of Business  
**137 Golden Isles Dr.**  
 Suite, Apt. #, etc.  
**Apt. 311**  
 City & State  
**Hallandale, FL**  
 Zip  
**33009**  
 Country  
**USA**

3. Mailing Address  
**137 Golden Isles Dr.**  
 Suite, Apt. #, etc.  
**Apt. 311**  
 City & State  
**Hallandale, FL**  
 Zip  
**33009**  
 Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1016768**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED**  
**1000 WEST AVENUE**  
**NO. 1114**  
**MIAMI BEACH FL 33139-0000**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D GONZALEZ, DAVID R</b> <b>P.O. BOX 610055</b> <b>NORTH MIAMI FL 33261-0055</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *David R. Gonzalez* **David R. Gonzalez** **8-20-2001** **954-454-2338**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)