

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90275 018 ***150.00

DOCUMENT # P00000064490

1. Entity Name
RESULTS FITNESS AND NUTRITION INCORPORATED

Principal Place of Business

978 79TH TERRACE
MIAMI BCH FL 33141

Mailing Address

978 79TH TERRACE
MIAMI BCH FL 33141

2. Principal Place of Business

978 - 79TH TERR.
 Suite, Apt. #, etc.

3. Mailing Address

978 - 79TH TERR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number **65-1023775**

☒ **Applied For**
☐ **Not Applicable**

Zip

Country

33141 U.S.A.

Zip

Country

33141 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PIAGETTI, ALEXANDER
978 79TH TERRACE
MIAMI BCH FL 33141

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)

4/14/02
 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 \$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**

11. OFFICERS AND DIRECTORS

TITLE **PDST** ☐ **Delete**
NAME **PIAGETTI, ALEXANDER**
STREET ADDRESS **978 79TH TERRACE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 #

ALEXANDER PIAGETTI, 4/14/02 (305) 343-7690

CR2E034 (9/01)