

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90020 003 ***150.00

DOCUMENT # P00000067541
1. Entity Name VITA FITNESS, INC.

659850

Principal Place of Business 9177 Dickens Avenue
 Surfside, FL 33154
Mailing Address 9177 Dickens Avenue
 Surfside, FL 33154

2. Principal Place of Business 9177 Dickens Ave
3. Mailing Address 9177 Dickens Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Surfside, FL
City & State Surfside, FL
4. FEI Number 65-1023887
Applied For Not Applicable
Zip 33154 **Country** U.S.
Zip 33154 **Country** U.S.
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Corporate Creations Network, Inc.
 941 Fourth Street, #200
 Miami Beach, FL 33139
7. Name and Address of New Registered Agent
Name Elisa Estenoz
Street Address 9177 Dickens Avenue
City Surfside **FL** **Zip Code** 33154

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 *Elisa Estenoz* **4/30/01**
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)
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D Elisa Estenoz	<input type="checkbox"/> Delete	TITLE	P, S, T Elisa Estenoz	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9177 Dickens Avenue		STREET ADDRESS	9177 Dickens Avenue	
CITY-ST-ZIP	Surfside, FL 33154		CITY-ST-ZIP	Surfside, FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(1), 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: *Elisa Estenoz* **4/30/01** **305-861-3657**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)