

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071598

1. Entity Name
DIET FITNESS.COM, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91651 022 ***550.00

Principal Place of Business
% LAWRENCE SAVITS
2780 N.E. 183RD STREET. #316
AVENTURA FL 33160

Mailing Address
% LAWRENCE SAVITS
2780 N.E. 183RD STREET. #316
AVENTURA FL 33160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1027217

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SAVITS, LAWRENCE
2780 N.E. 183RD STREET, #316
AVENTURA FL 33160

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SAVITS, LAWRENCE
STREET ADDRESS 2780 N.E. 183RD STREET, #511
CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS 2780 NE 183 ST #316 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE STD
NAME NICKOLAUS, HARRIET
STREET ADDRESS 2780 N.E. 183RD STREET, #511
CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS 2780 NE 183 ST #316 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

305 409-8557

Date Daytime Phone #

CR2E034 (9/01)