

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90917 002 ***150.00

DOCUMENT # P00000073533

1. Entity Name

FITNESS WAREHOUSE OF PALM BEACH, INC.

Principal Place of Business

12594 PINES BLVD.
 SUITE 101-102
 PEMBROKE PINES FL 33027

Mailing Address

12594 PINES BLVD.
 SUITE 101-102
 PEMBROKE PINES FL 33027

2. Principal Place of Business

4155B NORTH LAKE BLVD
 Suite, Apt. #, etc.

3. Mailing Address

4155B NORTH LAKE BLVD
 Suite, Apt. #, etc.

City & State

PALM BEACH GDNS, FL

City & State

SAME

4. FEI Number

65-1030452

Applied For

Not Applicable

Zip

33410

Country

PALM BEACH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name **EDUARDO GRUVMAN**
 Street Address (P.O. Box Number is Not Acceptable)
4155B NORTH LAKE BLVD
 City **PALM BEACH GDNS, FL** Zip Code **33410**

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 **EDUARDO GRUVMAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-26-01

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, 2001 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 ☐ Delete
 NAME **D GRUVMAN, EDUARDO**
 STREET ADDRESS **12594 PINES BLVD. SUITE 101-102**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **GRUVMAN, EDUARDO**
 STREET ADDRESS **4155B NORTH LAKE BLVD**
 CITY-ST-ZIP **PALM BEACH GDNS, FL 33410**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/01

Daytime Phone #

561-694-0644

CR2E034 (10/00)

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