

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90019 002 \*\*\*150.00

0140183

**DOCUMENT # P00000077507**

1. Entity Name

**NATIONAL COMMERCIAL FITNESS, INC.**

Principal Place of Business

11670 NORTHWEST 56 DRIVE  
SUITE 213  
CORAL SPRINGS FL 33076

Mailing Address

11670 NORTHWEST 56 DRIVE  
SUITE 213  
CORAL SPRINGS FL 33076

**751299**

2. Principal Place of Business

11670 NW 56th Drive

Suite, Apt #, etc.

113

3. Mailing Address

11670 NW 56th Drive

Suite, Apt #, etc.

113

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33076

Country

Broward

Zip

33076

Country

Broward

4. FEI Number

65-1042575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANULA, CY  
11670 NORTHWEST 56 DRIVE  
SUITE 213  
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name: Manula, Cy  
Street Address (P.O. Box Number Not Acceptable)  
11670 NW 56 Drive  
Apt # 113  
City: Coral Springs FL Zip Code: 33076

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 of registered agent or printed name of registered agent and title if applicable.

(Not for 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, 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: D ☐ Delete  
NAME: MANULA, CY  
STREET ADDRESS: 11670 NORTHWEST 56 DRIVE SUITE 113  
CITY-ST-ZIP: CORAL SPRINGS FL 33076

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)