

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90103 016 ***550.00

DOCUMENT # P00000077507

1. Entity Name
NATIONAL COMMERCIAL FITNESS, INC.

Principal Place of Business
11670 NORTHWEST 56 DRIVE
SUITE 113
CORAL SPRINGS FL 33076

Mailing Address
11670 NORTHWEST 56 DRIVE
SUITE 113
CORAL SPRINGS FL 33076

2. Principal Place of Business
1320 Stirling Rd, Ste 10A
 Suite, Apt. #, etc.

3. Mailing Address
1320 Stirling Rd,
 Suite, Apt. #, etc.

City & State
Dania, FL

City & State
Dania, FL

4. FEI Number **65-1042575**

Applied For
 Not Applicable

Zip
33004

Country
Broward

Zip
33004

Country
Broward

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

MANULA, CY
11670 NORTHWEST 56 DRIVE
SUITE 113
CORAL SPRINGS FL 33076

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
 Signature typed or printed name of registered agent and title if applicable.

Cyril G. Manula
 NOTE: Registered Agent signature required when reinstating)

09/11/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **MANULA, CY**
 STREET ADDRESS **11670 NORTHWEST 56 DRIVE SUITE 113**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02

Date

(574) 920-9200

Daytime Phone #

CR2E034 (4/02)