

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0224779  
 AV

**DOCUMENT # P00000080806**

1. Entity Name  
**U.S. SPORT AND FITNESS, INC.**

03-29-2002 91435 013 \*\*\*150.00

Principal Place of Business  
**714 W 51 STREET**  
**MIAMI BEACH FL 33140**  
**US**

Mailing Address  
**714 W 51 STREET**  
**MIAMI BEACH FL 33140**  
**US**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-1110780</b>                           |  | Applied For                              |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                           |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional<br>Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |  |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent                                   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |
| <b>KEELER, JEFFREY R</b><br><b>577 W 50 STREET</b><br><b>MIAMI BEACH FL 33140</b> |  |  |  | Name   |  |  |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  | City <b>FL</b> 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 *Jeffrey R Keeler* 3/15/02 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCEO</b><br><b>FORAN, WILLIAM</b><br><b>18261 NW 16TH STREET</b><br><b>PEMBROKE PINES FL 33029</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPCO</b><br><b>KEELER, JEFF</b><br><b>577 W 50TH STREET</b><br><b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>BLOCH, ANDREW</b><br><b>8811 HAWTHORNE</b><br><b>SUNRISE FL 33154</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>FORAN, KAREN</b><br><b>18261 NW 16TH STREET</b><br><b>PEMBROKE PINES FL 33029</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 fee empowered.

**SIGNATURE:** *Jeffrey R Keeler* 3/15/02 305-868-4035

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **JEFFREY R KEELER** **3/15/02** **305-868-4035**

Date Daytime Phone #

CR2E034 (9/01)