

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90413 018 ***150.00

DOCUMENT #

1. Entity Name *Fitmen Services of Central Florida, Inc*
4383
P00000112589

117033

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2721 Forsyth Road
Suite, Apt. #, etc. *Unit 365*

3. Mailing Address

4383 NW 124 Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Park, Florida

City & State

Coral Springs, Florida

4. FEI Number

65-1060881

Applied For

Not Applicable

Zip

32092

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert Bolanos

Street Address (P.O. Box Number is Not Acceptable)

5717 NW 109 way

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

Ronnette Bolanos Vice President

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

(NOTE: Registered Agent signature required when translating)

DATE

4/6/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President*
NAME *Robert Bolanos*
STREET ADDRESS *5717 NW 109 way*
CITY - ST - ZIP *Coral Springs, FL 33076*

TITLE *Vice President*
NAME *Ronnette Bolanos*
STREET ADDRESS *5717 NW 109 way*
CITY - ST - ZIP *Coral Springs, FL 33076*

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IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

Ronnette Bolanos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/02

Date

Daytime Phone #

954 753 6088

CR2002 (12/01)