

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90184 039 ***150.00

DOCUMENT # P01000019087

1. Entity Name
SLIMMER U WELLNESS CENTER, INC.



Principal Place of Business
2574 N. UNIVERSITY DR.
STE 219
SUNRISE FL 33322

Mailing Address
2574 N. UNIVERSITY DR.
STE 219
SUNRISE FL 33322

2. Principal Place of Business

5873 N. UNIVERSITY DR.
Suite, Apt. #, etc.

3. Mailing Address

5873 N. UNIVERSITY DR.
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
TAMARAC FL
Zip
33351
Country
USA

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TAMARAC FL
Zip
33351
Country
USA

4. FEI Number
65-1079303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, GLENN W
1876 N. UNIVERSITY DR., STE. 306
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name
MORRIS GLENN W
Street Address (P.O. Box Number is Not Acceptable)
3545 N.W. 94th Ave
City
SUNRISE FL
Zip Code
33351

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUSMAO, RITA 4327 REFLECTIONS BLVD NORTH, APT 202 SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERKINS, MONIQUE 9999 SUMMERBREEZE DR #1020 SUNRISE FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rita Gusmao 3545 N.W. 94th Ave SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MONIQUE PERKINS 3566 N.W. 95th Ter. SUNRISE, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED RITA GUSMAO **4/7/03 (954) 748-2023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)