

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

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90221 045 ***150.00

DOCUMENT # **PO1000019703**

1. Entity Name
**Commercial Exercise Equipment of
South Florida, Inc.**

808100

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
965 N. Nob Hill Road

3. Mailing Address
965 N. Nob Hill Road

Suite, Apt. #, etc.
#201

Suite, Apt. #, etc.
#201

DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
05-1080764

Applied For
Not Applicable

Zip
33324

Country

Zip
33324

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Laurence Wanshel

Street Address (P.O. Box Number is Not Acceptable)
**9555 North Kendall Drive
Suite 206**

City
Miami

FL Zip Code
33176

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: 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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.D.
Larry Garth Brinkley
1200 West Ave # 1026
Miami Beach FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2002 954-370-4907

CR2E034B (12/01)