

DOCUMENT # P01000022269

1. Entity Name
CLUB FIT NO.3, INC.FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90176 032 ***150.00

Principal Place of Business

10004 PINES BOULEVARD
PEMBROKE PINES FL 33024

Mailing Address

10004 PINES BOULEVARD
PEMBROKE PINES FL 33024

2. Principal Place of Business

10064 W. Oakland Park Blvd.

Suite, Apt. #, etc.

3. Mailing Address

9900 Griffin Rd

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip
33351Country
USA

City & State

Cooper City, FL

Zip
33328Country
USA

4. FEI Number

65-1086536

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPATO, ANTONIO
10004 PINES BOULEVARD
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Krongold, Todd & Singer, P.L.

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

201 Alhambra Circle

Suite 801

City

Coral Gables,

FL

Zip Code

33134

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.

KRONGOLD, TODD & SINGER, P.L.

SIGNATURE BY: MEMBER
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) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	CAPATO, ANTONIO	10004 PINES BOULEVARD	PEMBROKE PINES FL 33024	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D/P	CAPATO, ANTONIO	10064 W. Oakland Park Blvd.	Sunrise, Florida 33351	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S/T	CAPATO, R. NICHOLAS	10064 W. Oakland Park Blvd.	Sunrise, Florida 33351	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/CEO	LEONARD, PHIL	10064 W. Oakland Park Blvd.	Sunrise, Florida 33351	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #