

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000065576

FILED  
Apr 16, 2003  
Secretary of State

Entity Name: EMPOWER TOTAL FITNESS CORP.

**Current Principal Place of Business:**

10011 SW 145TH PLACE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

10011 SW 145TH PLACE  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 65-1119733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIXSON, DANIEL M  
10011 SW 145TH PLACE  
MIAMI, FL 33186

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LUCIANI, PAMELA  
Address: 6283 NW 110TH AVENUE  
City-St-Zip: PARKLAND, FL 33441

Title: D ( ) Delete  
Name: HIXSON, DANIEL M  
Address: 10011 SW 145TH PLACE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA J. LUCIANI

MS.

04/16/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date