

DOCUMENT #

P01000067765

Entity Name

CLUB FIT NO. 4, INC.

Principal Place of Business

C/O KRONGOLD, TODD & SINGER, P.L.
201 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES FL 33134

Mailing Address

C/O KRONGOLD, TODD & SINGER, P.L.
201 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES FL 33134

Principal Place of Business

2925 N. Military Trail
Suite, Apt. #, etc.

3. Mailing Address

9900 Goffin Rd
Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

Cape Coral, FL

Zip
33409Country
USAZip
33328Country
USA

4. FEI Number

22-3814942

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KRONGOLD, TODD & SINGER, P.L.
201 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Taxing 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CAPATO, ANTONIO	10004 PINES BLVD.	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	2925 N. Military Trail	West Palm Beach, Florida 33409	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S/T	CAPATO, R. NICHOLAS	2925 N. Military Trail	West Palm Beach, Fl. 33409	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/CEO	LEONARD, PHIL	2925 N. Military Trail	West Palm Beach, Fl. 33409	<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"/>

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90176 031 ***150.00



DO NOT WRITE IN THIS SPACE

CP2E034 (9/01)