04/09/02 TUE 23:35 FAX 4/2

FILED
May 29, 2002 8:00 am
Secretary of State

04-23-2002 90321 016 ***150.00

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000C

1. Entity Name
MY TRAINER CORP.

DO NOT WRITE IN THIS SPACE

87808

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2. Principal Place of Business		3. Mailing Address	
2600 DOUGLAS RD.			
Suite, Apt. #, etc. 402		Suite, Apt. #, etc.	
City & State Coral Ables, FL		City & State	
Zip 33134	Country USA.	Zip	Country

4. FEI Number 65-1131685 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name CARLOS E. ULLOA

Street Address (P.O. Box Number is Not Acceptable)
2600 DOUGLAS RD. # 402

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.

SIGNATURE CARLOS E. ULLOA 5/9/02

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	PRESIDENT CARLOS E. ULLOA 2600 DOUGLAS RD. # 402 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: CARLOS E. ULLOA, PRESIDENT 4/9/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR