2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081693 1. Entity Name FITNESS TECH, INC.				Jan 15, 2002 8:00 am Secretary of State 01-15-2002 90013 038 ***158.75
Principal Place of Business 3325 GRIFFIN ROAD SUITE 276 FORT LAUDERDALE FL 33312 Mailing Address 3325 GRIFFIN ROAD SUITE 276 FORT LAUDERDALE FL 33312			112	
2. Principal Place of Business 10653 NW 53 5F Suite, Apt. #, etc.		3. Mailing Address /0653 NW Suite, Apt. #, etc.	53 St	DO NOT WRITE IN THIS SPACE
City & Stat	SE, FL	City & State SUNRISE	FL	4. FEI Number Applied For Not Applicable
Zip 3336		Zip 3335/	Country V3A	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	None	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR			Name Street Address	s (P.O. Box Number is Not Acceptable)
MIAMI FL	33145		City	FL Zip Code
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 filling requirement and elects to do so. (See criteria on back)		After May 1, 2002	FEE IS \$150.00 Pree will be \$550.00 to Department of St	I If IST HUNG L'ODT IDUTION I I Added to Heek I
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VILCHEZ, BAYARDO M 3325 GRIFFIN ROAD SUITE 276 FORT LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILCHEZ, CAROLINA 3325 GRIFFIN ROAD SUITE 276 FORT LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with a address, y	this filing does not qualify for the true and accurate and that my vered to execute this report as the all other like empowered.	ne exemption stated in S signature shall have the s required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

1-7-02 954-578-9669

Date Dayline Phone #