


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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<b>DOCUMENT #</b> P0100084615			
<b>1. Entity Name</b> A Sante' Indoor Cycling & Fitness Corp.			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 7877 S.W. 102 Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> Same Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, Florida		<b>City &amp; State</b>	
<b>Zip</b> 33156	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 65-1132450		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Alina Velez			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7877 S.W. 102nd Lane			
<b>City</b> Miami		<b>FL</b>	<b>Zip Code</b> 33156
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Gaby Malcer 7620 S.W. 141 Ave. Miami, Florida 33183	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Alina Velez 7877 S.W. 102nd Lane Miami, Florida 33156	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>12. 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 10 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>10/21/03</b> <small>Date</small>	

CR2E034B (12/02)



**RAUL RICARDO JR.**  
CERTIFIED PUBLIC ACCOUNTANT

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October 27, 2003

Uniform Business Report  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Ref: A Sante' Indoor Cycling & Fitness Corp.  
Document # P01000084615


To Whom It May Concern:

Please be advised that the above-mentioned Corporation did not receive their Uniform Business Report form.

We are requesting that you waive the late fees and accept the enclosed UBR form along with a check in the amount of \$150 to cover for the initial renewal charges.

If you have any questions, please feel free to contact me at my office number listed below.

Sincerely,

  
Raul Ricardo, C.P.A.  
Lic. # AC0013416