

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91619 049 ***150.00

DOCUMENT # P01000094929

1. Entity Name

ERGONOMICS, FITNESS, AND PHYSICAL THERAPY NEEDS INC.

Principal Place of Business

**1423 COOLIDGE STREET
 HOLLYWOOD FL 33020**

Mailing Address

**1423 COOLIDGE STREET
 HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1142398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED
 1000 WEST AVENUE, SUITE 1114
 MIAMI BEACH FL 33139**

Name

Angelica Sloan

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

1423 Coolidge Street

City

Hollywood

FL

Zip Code

33020

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)

5/9/02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing 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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SLOAN, MICHAEL**
 CITY-ST-ZIP **1423 COOLIDGE STREET
 HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SLOAN, ANGELICA**
 CITY-ST-ZIP **1423 COOLIDGE STREET
 HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angelica Sloan Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/9/02 954/
 920-7936**

CR2E034 (9/01)

Ergonomics, Fitness, and Physical Therapy

Needs Inc.

1423 Coolidge Street
Hollywood, FL 33020

Attachment
Document #

435702
p010000 94929

May 09, 2002

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: Doc# p01000094929 2002 UBR

EIN: 65-1142398

Dear Mr/Ms:

Please find attached our UBR 2002 with a check for \$150.00. As per a representative at 850/488-9000 I was to write a letter explaining why this was filed late.

Registered Agent: Business Filings Incorporated

1000 West Avenue, Suite 1114

Miami Beach, FL 33139

Never received the 2002 Uniform Business Report it was sent to our company at the physical address in error and received late.

If further explanation is required please feel free in contacting us.

954/920-7936

Sincerely,



Angelica Sloan

Director