

5/19.

FILED

Jul 08, 2002 8:00 am
Secretary of State

05-19-2002 90162 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102182

1. Entity Name

FITNESS SPORTS AND HEALTHY LIFESTYLES, INC.

Principal Place of Business

8265 SW 145TH ST
MIAMI FL 33158

Mailing Address

8265 SW 145TH ST
MIAMI FL 33158

2. Principal Place of Business

3 GROVE ISLE DRIVE

Suite, Apt. #, etc.
#505

3. Mailing Address

3 GROVE ISLE DRIVE

Suite, Apt. #, etc.
#505

City & State

COCONUT GROVE FL

Zip
33133Country
USA

City & State

COCONUT GROVE FL

Zip
33157Country
USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FEINWOG, SCOTT

8265 SW 145TH ST

MIAMI FL 33158

7. Name and Address of New Registered Agent

Name

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

3 GROVE ISLE DRIVE #505

City

COCONUT GROVE

FL

Zip Code
33133

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FEINWOG, SCOTT	8265 SW 145TH ST	MIAMI FL 33158	<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
	3 GROVE ISLE DRIVE #505	COCONUT GROVE FL 33133		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT FEINWOG PRES

4/21/02

Date

305-285-1202

Daytime Phone #

CR2E034 (9/01)