2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am § Secretary of State P01000109492 DOCUMENT # 1. Entity Name 03-25-2002 90049 033 ***150.00 TOTAL HEALTH & FITNESS-A PILATES STUDIO, INCORPO **RATED** Principal Place of Business Mailing Address 1405 SW 20TH ST. 1405 SW 20TH ST. FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Business S. Hindriws DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent FOERSTER, TAUNYA Street Address (P.O. Box Number is Not Acceptable) 1405 SW 20TH ST. FT. LAUDERDALE FL 33315 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME FOERSTER, TAUNYA 1405 SW 20TH ST. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33315 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 'Addition Change ☐ Delete TITLE NAME ' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE: Daytime Phone #

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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 regioner 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

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