

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P02000002244

1. Entity Name

In Depth Personal Training, Inc.



03 MAY -7 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7225 SW 57th Ct.

Suite, Apt. #, etc.

3. Mailing Address

7225 SW 57th Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

01-0707821

Applied For

Not Applicable

Zip

33143

Country

US

Zip

33143

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose L. Rodriguez

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

7225 SW 57th Ct.

City

Miami

FL

Zip Code

33143

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IN THIS SPACE

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
Rodriguez, Jose L.
7225 SW 57 Ct.
Miami, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000018834610
05/13/03--01044--024 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
Rodriguez, Margarita A.
7225 SW 57 Ct.
Miami, FL 33143

TITLE
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CITY-ST-ZIP

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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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/03

Date

305-261-6251

Daytime Phone #

CR2E034B (12/02)

2151