

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90270 017 ***150.00

0364265 AV

DOCUMENT # P02000017490

1. Entity Name
K & K PERSONAL FITNESS INC.



Principal Place of Business
**5307 SW 111 TERRACE
FT. LAUDERDALE FL 33328**

Mailing Address
**5307 SW 111 TERRACE
FT. LAUDERDALE FL 33328**

11018334



2. Principal Place of Business
5307 SW 111th Terr
Suite, Apt. #, etc.

3. Mailing Address
5307 SW 111th Terrace
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale FL
Zip
33328 Country
USA

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Ft. Lauderdale FL
Zip
33328 Country
USA

4. FEI Number
02-0554827 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LLACA, FRANCISCO G JR.
15664 SW 16 CT.
PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **KUMEROW, ERIC**
STREET ADDRESS **5307 SW 111 TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33328**

TITLE **VD** ☐ Delete
NAME **KUMEROW, TAMMY**
STREET ADDRESS **5307 SW 111 TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tammy Kumerow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)