

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 91501 001 ***150.00

DOCUMENT # **P02000031485**

1. Entity Name

RENEE RICCA'S PILATES CENTER, INC.



DO NOT WRITE IN THIS SPACE

10089276

2. Principal Place of Business

20185 E. COUNTRY CLUB DRIVE

Suite, Apt. #, etc.

1602

City & State

AVENTURA FL

Zip **33160**

Country **USA**

3. Mailing Address

20185 E. COUNTRY CLUB DRIVE

Suite, Apt. #, etc.

1602

City & State

AVENTURA FL

Zip **33160**

Country **USA**

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4. FEI Number

45-0470865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **NANCY J. CLIFF, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
2238 SW 27 TERRACE

City **MIAMI**

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. 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)

4/12/03

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
**P.O.
RENEE RICCA
20185 E. COUNTRY CLUB DRIVE, #1602
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15th 03

Date

Daytime Phone #

305-753-9238

CR2E034B (12/02)