2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2003 8:00 am

DOCUMENT # P0200040020 1. Entity Name SPRINGS' GYM, INC.					04-23-2003 90190 010 ***150.00				
Principal Place of Business 9555 SW 88TH STREET SUITE 201 MIAMI FL 33176		Mailing Address 9555 SW 88TH STREET SUITE 201 MIAMI FL 33176							
	Place of Business HOOK SOVARE	3. Mailing Address 95 Hook Souare			F 13411347: 111 (401) 14011 33111: 44111 34111: 41	191 010 11 00 111 00 100 1	1815 6811 1881		
Suite, Apt		Suite, Apt. #, etc.	101/KC		CHECK HERE IF MAK	ING CHANGES			
HIAMI	SPRINGS, FL.	City & State SPRINGS, FL.		4. FEI Number 36-4494310 Applied For Not Applied For					
3316	Country	^{Zip} 33/66	Country DADE		5. Certificate of Status Desired	\$8.75 Add			
	6. Name and Address of Current I				_7., Name and Address of New Register	ed Agent		}-	
			Name						
KONDLE, RICHARD F 9555 SW 88TH STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 201									
MIAMI FL 33176			City - FL Zip Code						
	e named entity submits this statement for tions of registered agent.	the purpose of changing its i	registered office or	registere	ed agent, or both, in the State of Florida. I	am familiar with,	and accept		
_	_								
SIGNATURE:	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signatu	re required	when reinstating) DA	re			
1.00 G	FILE NOW!!!**FEE IS \$150.00	e e e e e e e e e e e e	= ~ ° = ° ° °	: <u>-</u>		- · · · ~		ŀ	
After May 1, 2003 Fee will be \$550.00					 9. Election Campaign Financing Trust Fund Contribution. 		0 May Be I to Fees		
	k Payable to Florida Department of					·			
10.	OFFICERS AND I		11.	m/c	ADDITIONS/CHANGES TO OFFICERS			ĺ	
TITLE NAME	D KONDLE, RICHARD F	Delete	TITLE NAME	PIS	SE A. SANTANA	☐ Change	Addition	5	
STREET ADDRESS	9555 SW 88TH STREET		STREET ADDRESS	05	HOUR SOUARE			7	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		MISPRINGS FL. 3	3/66	_	50	
TITLE		☐ Delete	TITLE	UP		☐ Change	Addition	Š	
NAME	-		NAME	REY	NOLD I. SANTANA				
STREET ADDRESS	{		STREET ADDRESS	951	HOOK SOVARE	346	_ [
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NAME			NAME		•		ĺ		
STREET ADDRESS	1 24		STREET ADDRESS					i	

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 eath; that I am an officer or director of the corporation or the receiver of 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 of the corporation or the receive changed, or on an attachment w

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY.-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition