

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91847 001 \*\*\*150.00

DOCUMENT # D02000063081

1. Entity Name

SPORT FIT 10-S THE NEXT LEVEL  
INC.



**DO NOT WRITE IN THIS SPACE**

90129450

2. Principal Place of Business

1965 S OCEAN DR

3. Mailing Address

1965 S OCEAN DR

Suite, Apt. #, etc.

STE 103

Suite, Apt. #, etc.

STE 103

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DROCK SHEREN

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

1965 S OCEAN DR

STE 103

City

HALLANDALE FL

FL

Zip Code

33009

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  
DPS  
DROCK, JEFFREY  
1965 S OCEAN DR STE 103  
HALLANDALE FL 33009

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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:

Jeffrey Drock

JEFFREY DROCK

4 30 03

954 454 9929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)