

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 005 ***158.75

DOCUMENT # **P02000074916** ✓
1. Entity Name
L.A. Health and Fitness of Florida Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4752 Sheridan St

3. Mailing Address
4752 Sheridan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
01-0735468

Applied For
Not Applicable

Zip
33021

Country
USA

Zip
33021

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Luis Best
Street Address (P.O. Box Number is Not Acceptable)
4752 Sheridan St
City
Hollywood FL Zip Code
33021

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE
04/28/03

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 P. president	NAME Luis Best
STREET ADDRESS 4752 Sheridan St	
CITY-ST-ZIP Hollywood, FL 33021	
TITLE V.P.	NAME Alexander Cohen
STREET ADDRESS 4752 Sheridan St	
CITY-ST-ZIP Hollywood, FL 33021	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.28.03

Date

954

6689574

Daytime Phone #

CR2E034B (12/02)