2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

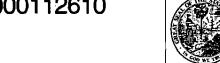
P02000112610

1. Entity Name



May 05, 2003 8:00 am g Secretary of State 05-05-2003 90190 030 ***150.00

FILED



BODY FX FITNESS CENTER, INC. Mailing Address Principal Place of Business 15492 N.W. 77 COURT 15492 N.W. 77 COURT MIAMI LAKES FL 33015 MIAMI LAKES FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State 75-3089847 Zip Country Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent **GUTIERREZ, JORGE** Street Address (P.O. Box Number is Not Acceptable) 15492 N.W. 77TH AVENUE MIAMI LAKES FL 33014 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. TITLE Detete TITLE **GUTIERREZ, JORGE** NAME NAME 15492 N.W. 77 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33015 CITY-ST-ZIP TITLE

Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this indicated on this report or supplemental report is true accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 receiver changed, or on an attachment wi tee empow

SIGNATURE: 上

Daytime Phone #

CR2E034 (10/02)

Applied For

\$8.75 Additional

Fee Required

Zip Code

\$5.00 May Be

DATE

Not Applicable