

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021603

1. Entity Name

SPINELLI GYM CORPORATION II

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90028 008 ***150.00

Principal Place of Business

14778 S.W. 88 STREET
MIAMI FL 33186

Mailing Address

P.O. BOX 832663
MIAMI FL 33283-2663
US

2. Principal Place of Business

P.O. Box 266110

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 266110

Suite, Apt. #, etc.

City & State
Weston, FL

Zip
33326

Country

U.S.A.

City & State
Weston FL

Zip

33326

Country

USA

4. FEI Number

65-0406652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPINELLI, MARCO
12129 SW 75 ST
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Alfredo G. Duran

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

Suite 1400, Terremark Center

2601 So. Bayshore Drive

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SPINELLI, ANTONIO	
STREET ADDRESS	12129 SW 75 ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPINELLI, MARCO	
STREET ADDRESS	12129 SW 75 ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/Pres/Sec/Trea	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonio Spinelli	
STREET ADDRESS	16680 So. Post Rd.	
CITY-ST-ZIP	Weston, FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antonio Spinelli ANTONIO SPINELLI, Pres 1/20/00 (954) 217-4979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)