

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

**FILED**

02 MAY 22 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025740

1. Entity Name

POSITIVE FITNESS RESULTS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20500 W. COUNTRY CLUB DR.

Suite, Apt. #, etc.

711

3. Mailing Address

PO Box 800822

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

AVENTURA FL

City & State

AVENTURA FL

4. FEI Number

65-0412262

Applied For

Not Applicable

Zip

33180

Country

U.S.

Zip

33280-0822

Country

U.S.

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

GENE A. WARREN

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

20500 W. COUNTRY CLUB DR. #711

City

AVENTURA

FL

Zip Code

33180

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
GENE A. WARREN  
20500 W. COUNTRY CLUB DR. #711  
AVENTURA FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200005976152--6  
-06/25/02--01058--018  
\*\*\*\*300.00 \*\*\*\*300.00

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88.75-AR

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: GENE A. WARREN 4.15.02 35-682-1510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)