

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90980 018 \*\*\*150.00

DOCUMENT # P93000025740

1. Entity Name

POSITIVE FITNESS RESULTS INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

P.O. Box 800822

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3736 N.E. 166 STREET

AVENTURA FL 33280-0822

City & State

City & State

N. MIAMI BEACH FL.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0412262

Applied For  
Not Applicable

Zip

Country

Zip

Country

33160

U.S.

33280-0822

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GENE A. WARREN

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

3736 N.E. 166 STREET

City

N. MIAMI BEACH

FL

Zip Code

33160

**DO NOT WRITE  
IN THIS SPACE**

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	PRESIDENT GENE A. WARREN PO Box 800822 AVENTURA FL 33280-0822
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**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:

*Gene A. Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3.03

Date

302 949.4269

Daytime Phone #

CR2E034B (12/02)