

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067895

1. Entity Name

BIOFITNESS SYSTEMS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90032 004 ***150.00

Principal Place of Business

Mailing Address

P O DRAWER 337
POMPANO BEACH FL 33061
US

P O DRAWER 337
POMPANO BEACH FL 32221-2044
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0440750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~YOUNG, PATRICK~~
~~3166 NW 72ND AVE~~
~~MARGATE FL 33063~~

Name
Lewis W. Currier III

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

5801 NW 87th Way

City
TAMARAC

FL

Zip Code
33321-4445

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) ☒

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~POTD~~ ☒ Delete
NAME ZEIGMAN, STEVEN R.
STREET ADDRESS 2761 S COURSE DR STE 103
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ Change ☒ Addition
NAME Roy H. HINMAN II, M.D.
STREET ADDRESS PO Box 337
CITY-ST-ZIP Pompano Beach, FL 33061

TITLE ~~CEO~~ ☐ Delete
NAME Zeigman, STEVEN R.
STREET ADDRESS P.O. Box 337
CITY-ST-ZIP POMPANO BEACH FL 33061

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~V-P/D~~ ☐ Delete
NAME Young, Patrick
STREET ADDRESS P.O. Box 337
CITY-ST-ZIP Pompano Beach, FL 33061

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~FO/T~~ ☐ Delete
NAME Lewis W. Currier III
STREET ADDRESS PO Box 337
CITY-ST-ZIP Pompano Beach, FL 33061

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~S~~ ☐ Delete
NAME Arlene E. Nantony Wells
STREET ADDRESS PO Box 337
CITY-ST-ZIP Pompano Beach, FL 33061

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~D~~ ☐ Delete
NAME Ray Cortonbach
STREET ADDRESS PO Box 337
CITY-ST-ZIP Pompano Beach, FL 33061

TITLE ☐ Change ☐ 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:

Lewis W. Currier III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2000

954-721-0619
Date Daytime Phone #

CR2E034 (9/99)