

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080809

1. Entity Name

POWERMAX INTERNATIONAL FITNESS EQUIPMENT & GYMS,

Principal Place of Business

Mailing Address

SE 3RD AVE
STE 2200
MIAMI FL 33131

1 SE 3RD AVE
STE 2200
MIAMI FL 33131-1716

2. Principal Place of Business

2620 Bird Avenue

Suite, Apt. #, etc.

3. Mailing Address

2620 Bird Avenue

Suite, Apt. #, etc.

City & State
Coconut Grove FL 33133

Zip
33133

Country
USA

City & State
Coconut Grove FL 33133

Zip
33133

Country
USA

4. FEI Number: 65-0453975

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACAULAY, ROBERT L B ESQ.
MITRANI, RYNOR, ADAMSKY, MCCAULEY, ETAL
1 SE 3RD AVE STE 2200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOFMEIER, RALPH M	
STREET ADDRESS	1 SE 3RD AVE STE 2200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	SEIDL, ANDREA	
STREET ADDRESS	1 SE 3RD AVE STE 2200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACAULAY, ROBERT B	
STREET ADDRESS	1 SE 3RD AVE STE 2200	
CITY-ST-ZIP	MIAMI FL 33131	
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	<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	
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: Robert B. Macaulay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

305-358-0050

Daytime Phone #

CR2E034 (9/99)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90096 004 ***150.00



DO NOT WRITE IN THIS SPACE