

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084698

1. Entity Name

THE ZOO-A HEALTH CLUB, INC.

R

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90009 013 ***150.00

Principal Place of Business

3001 SE 5 STREET
FT LAUDERDALE FL 33316

Mailing Address

3001 SE 5 STREET
FT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0454503

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

TARI ROSE

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

3001 SE 5th St.

City

Fort Lauderdale, FL

Zip Code

33316

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

Tari Rose

7/11/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME

D

NAVAS, JOSEPH E

STREET ADDRESS
CITY-ST-ZIP

3001 SE 5 STREET
FT LAUDERDALE FL 33316

☒ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

Executive Director

TARI ROSE

3001 SE 5th St.
Fort Lauderdale, FL 33316

☐ Change

☒ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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:

TARI ROSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

p93000084698

Aug 18 11

THE ZOO HEALTH CLUB

3001 SE 5TH ST FORT LAUDERDALE FL 33316
(954)-525-7010 (954)523-7378

Dear Florida Department of State,

We never received a Uniform business Report this year until now.

Please accept our payment of \$150.00 which we would have gladly paid had we received a bill from you. If you have any questions, please feel free to call me anytime.

Thank You!

A handwritten signature in black ink, appearing to read "Tari Rose", written in a cursive style.

Tari Rose
Executive Director