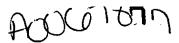
2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000084698 Jul 18, 2000 8:00 am 1. Entity Name **Secrétary of State** THE ZOO-A HEALTH CLUB, INC. 07-18-2000 90009 013 ***150.00 Mailing Address Principal Place of Business 3001 SE 5 STREET 3001 SE 5 STREET FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 A0067877 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0454503 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAVAS: JOSEPH E (P.Q. Box Number is Not Accept 3001 SE 5 STREET FT LAUDERDALE FL 33316 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed na FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Executive TARI ROSE n rector Delete Change Addition TITLE TITI F NAME NAVAS, JOSEPH E NAME उळा ५६ ठॅ STREET ADDRESS 3001 SE 5 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 TITLE Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

Date

Daytime Phone #

P93000084698



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!

Tari Rose

Executive Director