

# 2001 UNIFORM BUSIN. S REPORT (UBR)

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90813 017 \*\*\*150.00

80126784

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000090249**

1. Entity Name

**EXERCISE FASHION + TRADING Corp**

Principal Place of Business

Mailing Address

**777 NW 72 AVE #2619**  
**MIAMI, FL 33126**

**777 NW 72 AVE**  
**#2619**  
**MIAMI, FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

**65-0544224**

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

**MALTA Aponte**  
**14632 SW 155 PLACE**  
**MIAMI, FL 33196**

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 \$15.00**  
**APRIL MAY 2001 Fee will be \$50.00**  
**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 **PRES.**  
 NAME **MALTA Aponte**  
 STREET ADDRESS **12415 SW 114 TER.**  
 CITY-ST-ZIP **MIAMI, FL 33186**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

☐ Change

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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:

*[Signature]*

**MALTA Aponte**

**6/27/02**

**(305) 266-2047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

*Attachment*

June 26, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Exercise Fashion & Trading Corp  
#P94000090249

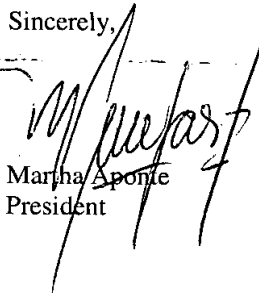
To Whom It May Concern:

As per our telephone conversation with your agent, we are writing to you to request a one-time waiver to renew the above corporation, along with a \$150 payment for the year 2002, as instructed.

After speaking with your agent, we realized that the annual report had been mailed to the wrong address. Our business address is: 777 N.W. 72 Ave., #2G19, Miami, FL 33126.

We would appreciate any help you can provide. Thanking you for your consideration.

Sincerely,

  
Martha Aponle  
President