2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:)

FILED DOCUMENT # **P95000080697** Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** UNIVERSAL GYMNASTICS TRAINING CENTER, INC. 03-08-2000 90038 008 ***150.00 Principal Place of Business Mailing Address 14221 SW 142ND STREET 14221 SW 142ND STREET MIAMI FL 33186-6702 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALVAREZ GARCIA, TANIA D. Street Address (P.O. Box Number is Not Acceptable) 14221 SW 142 ST MIAMI FL 33186 MIAMI 8. The above named entity supports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 2 ed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 (9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ■ Addition TITLE ☐ Delete TITLE GARCIA, TANIA D. NAME NAME STREET ADDRESS STREET ADDRESS 13050 SAN MATEO STREET CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Addition ☐ Change ☐ Delete TITLE TITLE GARCIA. ENRIQUE E. NAME NAME STREET ADDRESS 13050 SAN MATEO STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Delete TITLE TITLE ALVAREZ, YIN E NAME NAME STREET ADDRESS 10401 S.W. 108 AVENUE #C-148 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33176** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR