

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030417

1. Entity Name

NATIONAL GYMNASSTICS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90008 041 ***150.00

Principal Place of Business

Mailing Address

2801 S.W. 31ST AVENUE
PEMBROKE PARK FL 3

12239 SW 53 ST
COOPER CITY FL 33330-3336

2. Principal Place of Business

3. Mailing Address

9793 Glades RD

9070 Kimberly Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Boca Raton, FL

4. FEI Number

65-0662197

Applied For

Not Applicable

Zip

Country

Zip

Country

33434

USA

33434

USA

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

GREENBERG, STUART
2801 S.W. 31ST AVENUE
PEMBROKE PARKS FL

Name Margi Hellschien

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

9793 Glades RD.

City

Boca Raton, FL

FL

Zip Code

33434

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 Margi Hellschien

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Margi Hellschien 4-20-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GREENBERG, STUART-E
STREET ADDRESS 2801 S.W. 31ST AVE.
CITY-ST-ZIP PEMBROKE PARK

TITLE ☒ Change ☐ Addition
NAME Margi Hellschien
STREET ADDRESS 9793 Glades RD
CITY-ST-ZIP Boca Raton, FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE: MARGI HELLSCHIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margi Hellschien

4-20-00

Date

561-789-7180

Daytime Phone #

CR2E034 (9/99)