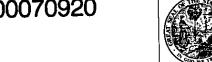
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000070920

1. Entity Name "R" GYM, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90245 047 ***150.00

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Mailing Address Principal Place of Business 12161 SOUTHWEST 3RD STR 801 S UNIVERSITY DR PLANTATION FL 33325 STE B-114 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0710304 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARENTE, SALVATORE 11266 PINES BLVD PEMBROKE PINES FL 33026 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title it applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Parent, Esterina M. X Change 1233 NW 126 avenue 10. TITLE Delete TITLE NAME PARENTE, ESTERINA M NAME STREET ADDRESS Plantation, Fl. 33323 12161 SOUTHWEST 3RD STREET STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33325** CITY-ST-ZIP ☐ Addition □ Change TITLE ☐ Delete TITLE NAME PARENTE, GUIDO NAME STREET ADDRESS 12161 SOUTHWEST 3RD STREET STREET ADDRESS CITY-ST-ZIP____ PLANTATION FL 33325 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition

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 10 or Block 11 if CITY-ST-ZIP ent with an address, with all other like empowered changed, or on an attachpa

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ Delete