

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000078130

1. Entity Name

KEY FITNESS INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90187 043 ***150.00

00044519

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8108 UNIVERSITY DR
TAMARAC
FL 33621

HARBOR SQ #302
4134 GULF OF MEXICO DR
LONGBOAT KEY 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10064 W. OAKLAND PK. BLVD

109 HOWARD HOUSE

City & State

City & State

SUNRISE FL.

DOLPHIN SOUND LONDON

Zip

Country

33351

US

Zip

Country

SWIV 3PE

U.K.

4. FEI Number

65-0708733

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

VISA SERVICES INC
4134 GULF OF MEXICO DR
LONGBOAT KEY
FL 34228

Name

MARIN POWELL MILLER & CO

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

16100 N.E. 16TH AVE

C/O MS. DOROTHY ROMAINE

City

NORTH MIAMI BEACH

FL

Zip Code

33162

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

(NOTE: Registered Agent signature required when reinstating)

14-4-00

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 \$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 ☐ Delete
NAME LEWIS, JAMES
STREET ADDRESS 10064 W. OAKLAND PK. BLVD
CITY-ST-ZIP SUNRISE 33351

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

TITLE ☐ Delete
NAME VP LEWIS, CAROLYN
STREET ADDRESS 10064 W. OAKLAND PK. BLVD
CITY-ST-ZIP SUNRISE 33351

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JAMES LEWIS (PRES)

14-4-00

Date

Daytime Phone #

CR2E034 (9/99)