

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092231

1. Entity Name
ALWAYS FIT, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90053 034 ***150.00

Principal Place of Business
**3325-A EAST 33RD ST
FORT LAUDERDALE FL 33308**

Mailing Address
**3325-A EAST 33RD ST
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0722230**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

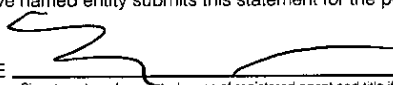
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOGGS, BRIAN K
9900 W. SAMPLE RD
STE 300
CORAL SPRINGS FL 33065**

Name **Martin A Drutz**
Street Address (P.O. Box Number is Not Acceptable)
8966 SW 87th Ct.
Suite 12A Pearlman Professional Bldg.
City **Miami, FL** Zip Code **33176**

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.

**Martin A. Drutz, Accountant
8966 S.W. 87 Ct., Suite 12-A
Miami, FL 33176**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MAGEE, VINCENT**
STREET ADDRESS **1360 NE 47TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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

TITLE **S** ☒ Delete
NAME **MAGEE, GINA**
STREET ADDRESS **3243 S. PORT ROYALE DR. APT. L**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ Change ☒ Addition
NAME **Seri Magee**
STREET ADDRESS **1360 NE 47th St.**
CITY-ST-ZIP **Ft Lauderdale FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

954-563-4888

Daytime Phone #

CR2E034 (10/00)