

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023647 (5)
1. Entity Name
Excess Fitness Realty, Inc.

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

04-05-2000 90078 012 ***150.00

B0052489

DO NOT WRITE IN THIS SPACE

Principal Place of Business
701 Brickell Ave.
Suite 1900
Miami, FL 33131

Mailing Address
701 Brickell Ave.
Suite 1900
Miami, FL 33131

2. Principal Place of Business
81 Washington Ave.
Suite, Apt. #, etc.

3. Mailing Address
81 Washington Ave.
Suite, Apt. #, etc.

City & State
Miami Beach, Florida

City & State
Miami Beach, Florida

Zip
33139

Country
USA

Zip
33139

Country
USA

4. FEI Number
65-0762-674

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Harry B. Smith
701 Brickell Ave. #A00
Miami, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, applicable
Harry B. Smith

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Pierre Lopper	81 Washington Ave	Miami Beach, FL	<input type="checkbox"/>
Vice President	Bernard Pils	81 Washington Ave.	Miami Beach, FL	<input type="checkbox"/>
Secretary	Bernard Pils	81 Washington Ave.	Miami Beach, FL	<input type="checkbox"/>
Treasurer	Bernard Pils	81 Washington Ave	Miami Beach, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Bernard Pils

Date

3/31/2000

Daytime Phone #

CR2E034 (9/99)