

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099719 ✓

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90032 007 ***150.00

1. Entity Name
FITNESS FRONTIERS, INC.

Principal Place of Business Mailing Address
change to *change to*
 ↓ ↓

2. Principal Place of Business 3. Mailing Address
619 N.W. 12TH AVE. **619 N.W. 12TH AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
MIAMI, FLORIDA **MIAMI, FLORIDA**
 Zip Country Zip Country
33136 **USA** **33136** **USA**

4. FEI Number Applied For
65-0800295 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAURA JEAN GELBER

7. Name and Address of New Registered Agent
 Name **LAURA JEAN GELBER**
 Street Address (P.O. Box Number is Not Acceptable) **619 N.W. 12TH AVENUE**
 City **MIAMI** FL Zip Code **33136**

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 *Laura Jean Gelber* **LAURA JEAN GELBER** **04/04/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) STATE

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	PRESIDENT/DIRECTOR <input type="checkbox"/> Delete
NAME	JOHN DiFEDE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VICE PRESIDENT/TREASURER/DIRECTOR <input type="checkbox"/> Delete
NAME	LAURA JEAN GELBER
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8101 S.W. 92ND COURT
STREET ADDRESS	MIAMI, FLORIDA 33173
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	619 N.W. 12TH AVENUE
STREET ADDRESS	MIAMI, FLORIDA 33136
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Laura Jean Gelber* **LAURA JEAN GELBER** **305/669-9122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **04-04-00** Daytime Phone #

CR2E034 (9/99)