

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90043 041 ***150.00

DOCUMENT # P97000099717

1. Entity Name

FITNESS FRONTIERS, INC. ✓

Principal Place of Business

Mailing Address

553010

2. Principal Place of Business

275 SOLANO PRADO

3. Mailing Address

275 SOLANO PRADO

Suite, Apt. #, etc.

Suite, Apt. #

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FLA.

City & State

CORAL GABLES, FLA.

4. FEI Number

65-0800295

Applied For

Not Applicable

Zip

33156-2351

Country

U.S.A.

Zip

33156-2351

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Laura Jean Gelber
 C/O MIAMI EYE CENTER, INC.
 619 NW 12TH AVE
 MIAMI FL 33136

7. Name and Address of New Registered Agent

Name LAURA JEAN GELBER
 Street Address (P.O. Box Number is Not Acceptable)
 C/O MIAMI EYE CENTER, INC.
 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 DATE 04-26-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> Delete
NAME	JOHN Di FEDE
STREET ADDRESS	8101 S.W. 92 ND COURT
CITY-ST-ZIP	MIAMI, FLORIDA 33173-4107
TITLE	VICE PRESIDENT / TREASURER / DIRECTOR <input type="checkbox"/> Delete
NAME	LAURA JEAN GELBER
STREET ADDRESS	275 SOLANO PRADO
CITY-ST-ZIP	CORAL GABLES, FL. 33156-2351
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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)(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: Laura Jean Gelber / LAURA JEAN GELBER / 0426-01 (305) 669-9122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #