

FROM :

PHONE NO.:

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90360 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000102743**

1. Entity Name

Customfit Boca, Inc.

Principal Place of Business

7078 Beracasa Way
Boca Raton, FL 33433

Mailing Address

7078 Beracasa Way
Boca Raton, FL 33433

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

05-0798703

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Cavallo, Michael P
7078 Beracasa Way
Boca Raton, FL 33433

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 if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director	☐ Delete
NAME	Cavallo, Michael P	
STREET ADDRESS	7078 Beracasa Way	
CITY-ST-ZIP	Boca Raton, FL 33433	

TITLE	Director	☐ Delete
NAME	Cavallo, Jeffrey	
STREET ADDRESS	7078 Beracasa Way	
CITY-ST-ZIP	Boca Raton, FL 33433	

TITLE	Director	☐ Delete
NAME	Cavallo, John	
STREET ADDRESS	7078 Beracasa Way	
CITY-ST-ZIP	Boca Raton, FL 33433	

TITLE	Director	☐ Delete
NAME	Weinbrum, Gerald	
STREET ADDRESS	3561 N.W. 61st Circle	
CITY-ST-ZIP	Boca Raton, FL 33496	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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 807, 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Typed Name

CR2034 (11/00)