

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90005-040-\$550.00-\$550.00

DOCUMENT # P98000023555

1. Entity Name

KIDZ CLUB FITNESS CENTERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 28 PM 4:06

Principal Place of Business

2089 N. UNIVERSITY DRIVE
SUNRISE FL 33322

Mailing Address

2089 N. UNIVERSITY DRIVE
SUNRISE FL 33322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-086-5127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNIER, JEFF
5560 SW CYPRESS RD
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name STEVEN BOWCUTT

Street Address (P.O. Box Number is Not Acceptable)

1605 SW 10th

City Ft. Lauderdale

FL

Zip Code 33312

2nd request

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/11/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D BOWCUTT, ORCHID	<input type="checkbox"/> Delete
STREET ADDRESS	1605 SW 10TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE NAME	D CACERES, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	12137 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/2000 (954) 741-9111

DATE

Daytime Phone #

CR2E034 (5/00)