

2002 UNIFORM BUSINESS REPORT (UBR)

05/28/11 AI

DOCUMENT # P98000047225

1. Entity Name

BIG BIG MIAMI CORP.

FILED

02 MAY 20 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1259 WASHINGTON AVENUE
MIAMI FL 33139

Mailing Address

11 EAST 26TH STREET
5TH FLOOR
NEW YORK NY 10010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
04-04-02 91165 005 \$150.00

4. FEI Number

65-0837298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

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 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEVINE, DOUGLAS 17 EAST 17TH STREET NEW YORK NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board, EVP Lee S. Hillman 8700 W. Bryn Mawr Ave Chicago, IL 60631	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, JAMES 247 WEST 87TH STREET, APT. #21F NEW YORK NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, CFO John W. Dwyer 8700 W. Bryn Mawr Ave Chicago, IL 60631	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, MARTIN 555 THEODORE FREMONT AVENUE, STE. B302 RYE NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior V.P., COO Paul A. Toback 8700 W. Bryn Mawr Ave Chicago, IL 60631	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSLEIN, JIM ONE LAFAYETTE PLAZA, THIRD FLOOR GREENWICH CT	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior V.P., Secretary Cary A. Gaan 8700 W. Bryn Mawr Ave Chicago, IL 60631	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANOCHERIAN, GREG 135 CENTRAL PARK WEST NEW YORK NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior V.P. William Faneali 8700 W. Bryn Mawr Ave Chicago, IL 60631	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Writer's Direct Dial: 773.399.3897
Writer's Fax Number: 773.399.0168

May 14, 2002

VIA US MAIL

Kathy Ashton
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: Bally Fitness & Racquet Club
2002 Uniform Business Report**

Dear Kathy:

Per our telephone conversation on the 13th of May regarding a mismatched payment, I am enclosing documents that should clarify where the credit should be placed. Also enclosed is the letter your office sent, stating our entitlement to a refund. The \$150 should be applied toward the Big Big Miami Corp., not BFIT Rehab of Kendall, Inc.

If you have any questions or comments, please do not hesitate to call me and I apologize for any confusion this has caused.

Thank you for your assistance.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'E. Dolski'.

Elizabeth Dolski

Enclosure

cc: Ronald E. Siegel, Esq.