

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90052 008 ***150.00

DOCUMENT # P98000049837

1. Entity Name
DORAL LADY FITNESS CENTER, INC.

Principal Place of Business Mailing Address
~~9500 S DADELAND BLVD, STE 705~~ 9500 S DADELAND BLVD, STE 705
~~MIAMI FL 33156~~ MIAMI FL 33156-2849

00057343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9605 NW 41 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-0845616** Applied For
MIAMI - FL Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33178 DADE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GARCIA, AMADO Name **Lesley ANN GARCIA**
9500 S DADELAND BLVD, STE 705 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33156 **9500 S. Dadeland Blvd. # 705**
 City **Miami** FL Zip Code **33156**

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 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, AMADO 9500 S DADELAND BLVD, STE 705 MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, LESLEY A. 9500 S. DADELAND BLVD # 705 MIAMI - FL. 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GARCIA, MARTHA 9500 S DADELAND BLVD, STE 705 MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZSUZANNA CRIZA 9500 S. DADELAND BLVD. 705 MIAMI - FL. 33156
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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, are empowered.

SIGNATURE: DATE Daytime Phone #

CR2E034 (9/99)