

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90417 003 ***150.00

DOCUMENT # P98000049837

1. Entity Name
DORAL LADY FITNESS CENTER, INC.



Principal Place of Business
**9605 NW 41ST ST
MIAMI FL 33178**

Mailing Address
~~9605 NW 41ST ST~~
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

9500 S DADELAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 705

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33156

DADE

4. FEI Number **65-0845616**

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

GARCIA, LESLEY A
9500 S DADELAND BLVD STE #705
MIAMI FL 33156

Name **GARCIA, LESLEY ANN**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GARCIA, LESLEY A**
STREET ADDRESS **9500 S DADELAND BLVD, STE 705**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PD** ☐ Change ☒ Addition
NAME **GARCIA, ANNADO**
STREET ADDRESS **9500 S DADELAND BLVD. # 705**
CITY-ST-ZIP **MIAMI - FL 33156**

TITLE **VSD** ☐ Delete
NAME **GARCIA, MARTHA**
STREET ADDRESS **9500 S DADELAND BLVD, STE 705**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VD** ☒ Change ☐ Addition
NAME **GARCIA, MARTHA R**
STREET ADDRESS **9500 S DADELAND BLVD. # 705**
CITY-ST-ZIP **MIAMI - FL 33156**

TITLE **PD** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☒ Addition
NAME **GARCIA, LESLEY ANN**
STREET ADDRESS **9500 S DADELAND BLVD. # 705**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03
Date

(305) 670-9750
Daytime Phone #

CR2E034 (10/02)