

# 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**

4. FEI Number

**65-0845616**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33156**

**DADE**

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GARCIA, LESTIE 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

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

(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, ANA DO**  
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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/03**  
Date

**(305)670-9750**  
Daytime Phone #

CR2E034 (10/02)