

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90033 010 ***150.00

DOCUMENT # **P98000069090** ✓

1. Entity Name

The Ultimate Workout Group AT Miami Lakes, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6520 NW 18th ST

3. Mailing Address

1645 E HWY 193

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Layton VT

4. FEI Number

650857354

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

84040

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Richard J. Simone

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

4411 Cleveland AVE

City

FT. MYERS

FL

Zip Code

33901

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)

4/25/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY-STATE-ZIP
*P
William D. Green
6601 NW 14th ST #2
Plantation FL 33313*

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

William D. Green 4-25-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-888-969-6000

Daytime Phone #

CR2E034B (12/01)