

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

0199879 AV

**DOCUMENT # P98000070308**

1. Entity Name  
**ULTRA FITNESS & NUTRITION, INC.**

03-03-2002 90059 017 \*\*\*150.00

Principal Place of Business  
**510 S.W. 7TH COURT #3**  
**MIAMI FL 33130**

Mailing Address  
**510 S.W. 7TH COURT #3**  
**MIAMI FL 33130**



2. Principal Place of Business  
**4250 SW 67 Ave. #20**

3. Mailing Address  
**Same**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-0869328**

Applied For  
 Not Applicable

Zip  
**33155**

Country

Zip  
**33155**

Country

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
<b>DION, JOSEPH</b>	Name
<del><b>510 S.W. 7TH COURT #3</b></del>	Street Address (P.O. Box Number is Not Acceptable)
<del><b>MIAMI FL 33130</b></del>	<b>4250 SW 67 Ave. #20</b>
	City <b>MIAMI</b> FL <b>33155</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b> <b>DION, JOSEPH</b> <del><b>510 SW 7CT #3</b></del> <del><b>MIAMI FL 33130</b></del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4250 SW 67 Ave. #20</b> <b>MIAMI FL 33155</b>
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
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
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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: Joseph Dion **REQUIRED** Date: 2/7/02 Daytime Phone #: 305-668-9112

CR2E034 (9/01)