

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071551

1. Entity Name

FITNESS WAREHOUSE OF TAMPA, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90007 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

14847 N DALE MABRY HWY  
TAMPA FL 33618

Mailing Address

14847 N DALE MABRY HWY  
TAMPA FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0858404

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

GRUVMAN, EDUARDO  
C/O NUTRITION S'MART  
12594 PINES BLVD  
PEMBROKE PINES FL 33027

Name

GRUVMAN, EDUARDO

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

14847 N. DALE MABRY HWY

City

TAMPA

FL

Zip Code

33618

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 *Eduardo Gruvman*

EDUARDO GRUVMAN

1-10-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 D  
NAME GRUVMAN, EDUARDO D  
STREET ADDRESS C/O NUTRITION S'MART 12594 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FL 33027

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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: *Eduardo Gruvman* EDUARDO GRUVMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-01 954-439-0035

CR2E034 (10/00)