

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90166 045 ***550.00

DOCUMENT # P98000082384

1. Entity Name

DAVID SILVA FITNESS TRAINING, INC.



Principal Place of Business

**1838 BAY ROAD
MIAMI BEACH FL 33139**

Mailing Address

**1838 BAY ROAD
MIAMI BEACH FL 33139**

2. Principal Place of Business

465 W 41ST STREET

Suite, Apt. #, etc.

3. Mailing Address

465 W 41ST STREET

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH - FL

Zip

33140

Country

USA

City & State
MIAMI BEACH - FL

Zip

33140

Country

USA

4. FEI Number
65-0871044

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SILVA, DAVID
1838 BAY ROAD
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
SILVA, DAVID

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

465 W 41ST STREET

City

MIAMI BEACH - FL

Zip Code

33140

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

DAVID SILVA

7/11/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SILVA, DAVID
1838 BAY ROAD
MIAMI BEACH FL 33139** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SILVA, DAVID
465 W 41ST STREET
MIAMI BEACH - FL 33140** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SILVA DAVID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-11-03

305-534-9219

Date

Daytime Phone #

CR2E034 (4/03)