

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088666

1. Entity Name

TRAINING CAMP (U.S.A.), INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-08-2001 90381 045 ***150.00

Principal Place of Business

2521 N. HIATUS ROAD
COOPER CITY FL 33026

Mailing Address

2521 N. HIATUS ROAD
COOPER CITY FL 33026

2. Principal Place of Business

WESTON TOWN CENTER

3. Mailing Address

WESTON TOWN CENTER

Suite, Apt. #, etc.

1715 MAIN STREET

Suite, Apt. #, etc.

1715 MAIN STREET

City & State

WESTON, FL.

City & State

WESTON FL.

4. FEI Number

65-0873873

Applied For

Not Applicable

Zip

33326

Country

BROWARD

Zip

33326

Country

BROWARD

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

6. Name and Address of Current Registered Agent

LEWIS, MICHAEL
2521 N. HIATUS ROAD
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name LEWIS, MICHAEL

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

WESTON TOWN CENTER

1715 MAIN STREET

City WESTON

FL

Zip Code

33326

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, 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

TITLE PTD
NAME LEWIS, MICHAEL
STREET ADDRESS 2521 N. HIATUS ROAD
CITY-ST-ZIP COOPER CITY FL 33026 ☐ Delete

TITLE VSD
NAME LEWIS, SUSAN
STREET ADDRESS 2521 N. HIATUS ROAD
CITY-ST-ZIP COOPER CITY FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME LEWIS, MICHAEL
STREET ADDRESS 1715 MAIN STREET
CITY-ST-ZIP WESTON, FL. 33326 ☒ Change ☐ Addition

TITLE VSD
NAME LEWIS, SUSAN
STREET ADDRESS 1715 MAIN STREET
CITY-ST-ZIP WESTON, FL. 33326 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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: MICHAEL LEWIS PRESIDENT

2.5.01

(954) 399-7721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)