## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P98000100398** 1. Entity Name FITUSA INC. 05-31-2000 90044 043 \*\*\*150.00 Principal Place of Business Mailing Address 7167 SAN-SEBASTIAN DRIVE 7167 SAN SEBASTIAN DRIVE BOCA-RATON FL 33433 BOCA RATON FL 33433-TU46 3. Mailing Address 2. Principal Place of Business 7100 West Lamino 7/00 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc., \_ 57.400 -406 4. FEI Number City & State 事 Not Applicable Country 15 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARNELL, JAMES P Street Address (P.O. Box Number is Not Acceptable) 7167 SAN SEBASTIAN DRIVE **BOCA RATON FL 33433** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PCEO** TITLE Addition ☐ Delete TITLE KAHN, SANDRA J NAME NAME STREET ADDRESS STREET ADDRESS 7167 SAN SEBASTIAN DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition ☐ Change Davin Zimmerman ☐ Delete TITLE 7/80 W. Camino Real . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE William Dichler NAME NAME 7108 W. Camino Real STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 12 in the chapter 607 in an attachment with an address with all other like empowered.

**SIGNATURE** 

Date Daytime Phone #