.2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P98000100398** 1. Entity Name FITUSA INC. 04-30-2001 90366 012 ***150.00 Principal Place of Business Mailing Address 7167 SAN SEBASTIAN DRIVE 7167 SAN SEBASTIAN DRIVE **BOCA RATON FL 33433** BOCA RATON FL 33433 ひひひなみるのみ 2. Principal Place of Business 3. Mailing Address 7100 West Camon Real 7100 West camina Real Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Sinte 40 Soile 400 City & State City & State 4. FEI Number Applied For R.a fon 65-0876056 BOER Bock Not Applicable Country \$8.75 Additional 33733 33435 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAMES P. FARNELL FARNELL, JAMES P Street A 1910 Sw, Ett. phice 7167 SAN SEBASTIAN DRIVE **BOCA RATON FL 33433** City Zin 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. (NOTE: Registeree Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy FILE NOW!!! FEE IS(\$150.00) s Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** TITLE sami ☐ Delete TITLE Change. Addition NAME KAHN, SANDRA J Same 1910 SW EN BUCE STREET AGDRESS 7167 SAN SEBASTIAN DRIVE STREET ADDRESS CITY - ST - ZIP **BOCA RATON FL 33433** CITY-ST-ZiP Boca Rado Fr 33/36 Secretary HILE ☐ Delete 🔲 Change Addition KAREN RUSIN 202 Freedom Court STREET ADDRESS STREET ADDRESS Fe. 33442 CITY-ST-ZiP CITY - ST - ZIP TITLE Delete Change Adoltion NAME NAME STREE: ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CYTY - ST - ZiP C:TY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP i!TLE Delete TITLE Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZiP 13. Thereby 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 cert fy 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 of 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:

SIGNATURE AND TYPED OR PRIN

ED NAME OF SIGNING OFFICER OR DIRECTOR