

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100547

1. Entity Name

ZONE FITNESS INCORPORATED

Principal Place of Business

C/O MANUEL M. ARVESU, P.A.
2121 PONCE DE LEON BLVD., SUITE 920
CORAL GABLES, FL 33134

Mailing Address

C/O MANUEL M. ARVESU, P.A.
2121 PONCE DE LEON BLVD., SUITE 920
CORAL GABLES, FL 33134-5218

2. Principal Place of Business

4501 SW 14 Street
Suite, Apt. #, etc.

3. Mailing Address

201 Alhambra Circle
Suite, Apt. #, etc.
Ste 502

City & State

Coral Gables, FL

City & State

Coral Gables FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0879772

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

ARVESU, MANUEL M ESQ.
2121 PONCE DE LEON BLVD.
SUITE 920
CORAL GABLES, FL 33134

Name

Arvesu, Manuel M

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

201 Alhambra Circle

Suite - 502

City

Coral Gables

FL

Zip Code

33134

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

Manuel M. Arvesu

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/00

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, 2000 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 PD
NAME ECHELES, JORMAN
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 920
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE VPSD
NAME HERNANDEZ, EDWARD
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 920
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ 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 PD
NAME ECHELES, JORMAN ☒ Change ☐ Addition
STREET ADDRESS 9800 SW 6A CT
CITY-ST-ZIP Miami FL 33156

TITLE VPSD
NAME Hernandez, Edward ☒ Change ☐ Addition
STREET ADDRESS 4501 SW 14th ST
CITY-ST-ZIP Coral Gables, FL 33134

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorman Echeles, President 3/3/00

Date

Daytime Phone #

305485-3363



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/99)