

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90011 020 \*\*\*150.00

**DOCUMENT # P98000100664**

1. Entity Name  
**LADY FITNESS CENTER, CORP.**

Principal Place of Business      Mailing Address

**132-140 WESTON RD**      **132-140 WESTON RD**  
**WESTON FL 33326**      **WESTON FL 33326**

2. Principal Place of Business      3. Mailing Address

**140 WESTON RD.**      **P.O. Box 266110**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**WESTON FL.**      **WESTON FL.**

Zip      Zip

**33326**      **33326**

Country      Country

4. FEI Number      Applied For

**65-0884252**       Not Applicable

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

    



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPINELLI, MARCO**  
**16680 S POST RD**  
**APT. 103**  
**WESTON FL 33331**

7. Name and Address of New Registered Agent

Name

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

City      FL      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)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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	<input type="checkbox"/> Delete
NAME	<b>SPINELLI, ANA L</b>	
STREET ADDRESS	<b>16680 S. POST ROAD APT 103</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	<b>SPINELLI, MARCO</b>	
STREET ADDRESS	<b>16680 S. POST ROAD APT 103</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **1/11/2000 954-217-8660**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      Date      Daytime Phone #