

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000100664**

1. Entity Name

LADY FITNESS CENTER, CORP.**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90070 008 ***150.00

Principal Place of Business

**140 WESTON RD
WESTON FL 33326**

Mailing Address

**P O BOX 266110
WESTON FL 33326**

00009343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0884252**

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

Name

Marco Spinelli

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

4209 CHERRYWOOD CT

City

WESTON**FL**

Zip Code

33331

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

Marco Spinelli**Marco Spinelli****1/11/01**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SPINELLI, ANA L**
CITY-ST-ZIP **16680 S. POST ROAD APT 103
WESTON FL 33326**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SVD**
STREET ADDRESS **SPINELLI, MARCO**
CITY-ST-ZIP **16680 S. POST ROAD APT 103
WESTON FL 33326**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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:**Marco Spinelli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/01

Daytime Phone #

954-217-8660

CR2E034 (10/00)