

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100664

1. Entity Name
LADY FITNESS CENTER, CORP.

Principal Place of Business
140 WESTON RD
WESTON FL 33326

Mailing Address
P O BOX 266110
WESTON FL 33326

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0884252

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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 Marco SPINELLI
Street Address (P.O. Box Number is Not Acceptable)
4209 CHERYLWOOD 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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 State

10. 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 PD
NAME SPINELLI, ANA L
STREET ADDRESS 16680 S. POST ROAD APT 103
CITY-ST-ZIP WESTON FL 33326

Delete

Change

Addition

TITLE SVD
NAME SPINELLI, MARCO
STREET ADDRESS 16680 S. POST ROAD APT 103
CITY-ST-ZIP WESTON FL 33326

Delete

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 like empowered.

SIGNATURE:

Marco Spnelli

1/11/01

954-217-9660

Date

Daytime Phone #

CR2E034 (10/00)