

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P93000100664

1. Entity Name

2005

AMENDED

LADY FITNESS CENTER, CORP.

FILED

05 NOV -9 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

159 Weston Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 266110

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Weston, Florida

Zip
33326

Country
USA

City & State

Weston, Florida

Zip
333126

Country
USA

4. FEI Number

65-0884252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alfredo G. Duran

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

2601 So. Bayshore Dr., S 1400

City

Miami

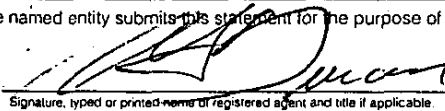
FL

Zip Code

33133

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



Alfredo G. Duran

9/7/05

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

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

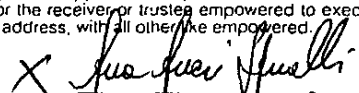
10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Dir Ana Lucia Spinelli P.O. Box 266110 Weston, Florida 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Dir Marco Spinelli SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700061793597 11/30/05--01052--001 **\$61.25
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(13)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

ANA LUCIA SPINELLI PRES

9/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CL's

DATE: 9/7/05