

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102045

1. Entity Name

ELITE HEALTH & FITNESS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90004 009 ***158.75

Principal Place of Business

Mailing Address

4365 S.W. 10TH PLACE
APT. #205
DEERFIELD BEACH FL 33442

C/O PAUL S. LABINER
2255 COLADES RD., #422 A
BOCA RATON FL 33431

2. Principal Place of Business

2881 N.E. 33rd Court

3. Mailing Address

2255 GLADES

Suite, Apt. #, etc.

76

City & State

FT LAUDERDALE FL

Zip

33306

Country

USA

City & State

BOCA RATON FL

Zip

33431

Country

USA

6. Name and Address of Current Registered Agent

LABINER, PAUL
2255 GLADES ROAD #422A
BOCA RATON FL 33431

4. FEI Number

65-0885605

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

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)

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEFLERE, MARC
4365 SW 10TH PLACE #205
DEERFIELD BEACH FL 33442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LEFLERE, MARC
2881 N.E. 33RD COURT
FT LAUDERDALE, FL 33306

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

954-630-0003

Daytime Phone #

CR2E034 (9/99)