

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000577

1. Entity Name

PRIMETIME FITNESS CENTER, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90076 027 ***150.00

Principal Place of Business

10155 NORTHWEST 9TH STREET CIRCLE
UNIT 106
MIAMI FL 33172

Mailing Address

10155 NORTHWEST 9TH STREET CIRCLE
UNIT 106
MIAMI FL 33172-3203

2. Principal Place of Business

10680 NW 7 ST.
Suite, Apt. #, etc.

3. Mailing Address

10680 NW 7 ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0885153

Applied For

Not Applicable

Zip

Country

33172 U.S.

Zip

Country

33172 U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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)

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
PSTD
JARDINES, ROBERT
10155 NORTHWEST 9TH STREET CIRCLE #106
MIAMI FL 33172

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ 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: x

Robert Jardines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 4-13-00 x 305 225 2532

CR2E034 (9/99)