

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000577

1. Entity Name

PRIMETIME FITNESS CENTER, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90015 046 ***150.00

Principal Place of Business

Mailing Address

10155 NORTHWEST 9TH STREET CIRCLE
UNIT 106
MIAMI FL 33172

10155 NORTHWEST 9TH STREET CIRCLE
UNIT 106
MIAMI FL 33172

60037655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10682 FONTAINEBLEAU BLVD

10682 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0885153

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

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

Name

ROBERT JARDINES

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

10155 N.W. 9TH STREET CIRCLE

City

Miami

FL

Zip Code

33172

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

Robert Jardines

3-15-01

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JARDINES, ROBERT
10155 NORTHWEST 9TH STREET CIRCLE
MIAMI FL 33172 ☐ Delete

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

TITLE
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☐ Delete

TITLE
NAME
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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:

Robert Jardines

3-15-01

305 2288308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)