

3/

Apr 20, 2000 8:00 am
Secretary of State

DOCUMENT # P99000009271

BODIES BY MAHMOOD, PERSONAL TRAINING FACILITY, I

1552 Idoren Drive
400 WINDING HOLE DRIVE Suite 200
OCOE FL 34761

Principal Place of Business	Mailing Address
1552 Boren Drive 436 WINDING HOLLOW AVE Suite 200 OCOE FL 34761	1552 Boren Drive 436 WINDING HOLLOW AVE Suite 200 OCOE FL 34761-4729

1552 Boren Drive
Suite, Apt #, etc. 200

City & State
Ocala, FL

Zip
34761

Country
USA

GHAISARZADEH
GHAISARZAEETH, MAHMOOD
433 WINDING HOLLOW AVE.
OCFEE FL 34761

Ghaisarzadeh	Name
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GHAI SARZAEETH, MAHMOOD
433 WINDING HOLLOW AVE.

OCDEE FL 34761

		City
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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 Mahmood Ghaisarzadeh Mahmood Ghaisarzadeh 3-15-00
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

(NOTE: Registered Agent signature required when reinstating)

DATA

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	<input type="checkbox"/> Delete
NAME	Mahmood Ghassrader President
STREET ADDRESS	433 Winding Hollow Ave Treasurer
CITY-ST-ZIP	Ocoee, Fla 34261

TITLE ☐ Delete
NAME Cynthia mazer
STREET ADDRESS 433. Winding Hollow Ave.
CITY-ST-ZIP Ovco Fla 34761
Secretary

TITLE	<i>Kenneth Kelley</i>	<input type="checkbox"/> Delete
NAME	<i>650 Carter Road</i>	<i>Chairman</i>
STREET ADDRESS	<i>1000 1st St</i>	
CITY-ST-ZIP	<i>1000 1st St</i>	

TITLE	Winter Garden, Fla	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	34787	
CITY-ST-ZIP		

017-01-27		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		

CITY-ST-ZIP

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

CITY-ST-ZIP

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: Mahmoud Elmaghrabi 3-15-00 (407) 654-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Mahmood Ghafisarzadeh

3-15-00 (407) 654-3848

Dati

Daytime Phone #

014 1999