

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000025160**

1. Entity Name

MILLENNIUM LADY HEALTH AND FITNESS, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90040 047 ***150.00

Principal Place of Business

1249 S.W. 13TH AVE.
BOCA RATON FL 33486

Mailing Address

1249 S.W. 13TH AVE.
BOCA RATON FL 33486-5362**709104**

2. Principal Place of Business

5400 B West Sample Road

Suite, Apt. #, etc.

3. Mailing Address

5400 B West Sample Road

Suite, Apt. #, etc.

City & State

Margate FL

Zip

33073

Country

City & State

Margate FL

Zip

33073

Country

4. FEI Number

65-0904539

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAITHWAITE, PAMELA
1249 SW 13TH AVENUE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
Millennium Lady Health & Fitness Inc.
Street Address (P.O. Box Number is Not Acceptable)
5400 B West Sample RoadCity **Margate****FL**Zip Code
33073

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

Pamela A Braithwaite, President **Pamela A Braithwaite, President** **1/28/00**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BRAITHWAITE, PAMELA A
1249 S.W. 13TH AVE.
BOCA RATON FL 33486☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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:

Pamela A Braithwaite, President **PAMELA A BRAITHWAITE, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00**954-978-9111**