

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029895

1. Entity Name

FALLS FITNESS, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90083 036 ***150.00

Principal Place of Business

Mailing Address

~~7460 S.W. 130TH ST.
PINECREST FL 33156~~

~~7460 S.W. 130TH ST.
PINECREST FL 33156-5366~~

2. Principal Place of Business

3. Mailing Address

8761 SW 133 ST

8761 SW 133 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0908414

Applied For

Not Applicable

Zip

33176

Country

Zip

33176

Country

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

PARKS, LARRY D
7460 S.W. 130TH ST.
PINECREST FL 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	LONDNER, RONNIE B	7561 S.W. 137TH ST. MIAMI FL 33158	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	JAMISON, DELIA J	18140 S.W. 82ND AVE. MIAMI FL 33157	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	NEYRA, JOSE M	17100 S.W. 94TH AVE. #505 MIAMI FL 33165	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Delia Jamison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

305-256-9212

Daytime Phone #