

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000029895

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: FALLS FITNESS, INC.

Current Principal Place of Business:

8761 SW 133 ST
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8761 SW 133 ST
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0908414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LONDNER, RONNIE B
Address: 7561 S.W. 137TH ST.
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: JAMISON, DELIA J
Address: 18140 S.W. 82ND AVE.
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete
Name: NEYRA, JOSE M
Address: 17100 S.W. 94TH AVE. #505
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NEYRA, JASELYN
Address: 17100 SW 94 AVE #505
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: NEYRA, JOSE
Address: 17100 SW 94 AVE #505
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASELYN NEYRA

D

04/25/2002

Electronic Signature of Signing Officer or Director

_____ Date