

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030838

1. Entity Name
MARTIAL FITNESS, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90013 011 ***150.00

Principal Place of Business
231 PALM AVE.
MIAMI FL 33139

Mailing Address
231 PALM AVE.
MIAMI FL 33139

2. Principal Place of Business
13706 SW 48 st.
Suite, Apt. #, etc.

3. Mailing Address
13706 SW 48 st
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33175
Country

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Miami, FL
Zip
33175
Country

4. FEI Number
05-0931931
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, CHRIS M
231 PALM AVE.
MIAMI FL 33139

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P NEWTON, CHRIS M 231 PALM AVE. MIAMI FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	13706 SW 48 st MIAMI, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00 305-984-3557
Date Daytime Phone #

CR2E034 (5/00)

P99000030838

AD068278

July 7, 2000

Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, Florida

Re: Document #P99000030838

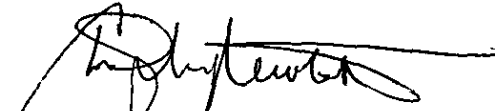
Dear Sirs:

Enclosed please find a check in the amount of \$150.00 for the 2000 Uniform Business Report.

At this time I am requesting that the penalty for late filing be removed due to the fact that this is the first year that I have a company and did not know I had to file this report. In addition, I did not receive the first notice. At the beginning of the year I moved and there could have been some confusion.

If you have any questions or require additional information, please do not hesitate to call me.

Sincerely,
MARTIAL FITNESS, INC.



Christopher M. Newton