

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000051796**

1. Entity Name

FITNESS PARADISE, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90170 020 ***150.00

Principal Place of Business

**6289 WEST SUNRISE BLVD.
SUITE 266
SUNRISE FL 33313**

Mailing Address

**6289 WEST SUNRISE BLVD.
SUITE 266
SUNRISE FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0927542**

Applied For

Not Applicable

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

**PIERRE, JEAN Y
6289 WEST SUNRISE BLVD.
SUITE 266
SUNRISE FL 33313**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PIERRE, JEAN**
STREET ADDRESS **6289 W SUNRISE BLVD SUITE 266**
CITY-ST-ZIP **SUNRISE FL 33313**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01
Date954-583-3463
Daytime Phone #

CR2E034 (10/00)

Attachment Document #
P99000 051796
C0000031

March 29, 2001

Division of Corporations
Uniform Business Report Filings
PO BOX 1500
Tallahassee, Florida 32302

To Whom It May Concern:

I am interested in changing my corporation status to a sole proprietorship. I am the only officer/owner of Fitness Paradise, Inc. and have no shareholders nor stockholders. I do not intend to distribute stocks or shares for Fitness Paradise, Inc. in the future.

I would appreciate any assistance your division can give to me in order to expedite this process. Please respond to this inquiry as soon as possible and forward the proper materials to my attention at:

Fitness Paradise, Inc.
6289 W. Sunrise Blvd.
Suite #266
Sunrise, Florida 33313
(954) 583-3463

Thank you for your timely assistance in this matter.

Appreciatively,


Jean Pierre