2001 UNIFORM BUSINESS REPORT (UBR)

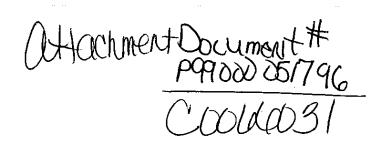
changed, or on an attachment with

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 15, 2001 8:00 am Secretary of State DOCUMENT # **P99000051796** 1. Entity Name 05-15-2001 90170 020 ***150.00 FITNESS PARADISE, INC. Mailing Address Principal Place of Business 6289 WEST SUNRISE BLVD. 6289 WEST SUNRISE BLVD. SUITE 266 SUITE 266 SUNRISE FL 33313 SUNRISE FL 33313 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0927542 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PIERRE, JEAN Y Street Address (P.O. Box Number is Not Acceptable) 6289 WEST SUNRISE BLVD. SUITE 266 SUNRISE FL 33313 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE Delete TITLE NAME NAME PIERRE, JEAN STREET ADDRESS 6289 W SUNRISE BLVD SUITE 266 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33313 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TiTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address, with all other like empowered.

FILED



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