

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90057 038 ***550.00

DOCUMENT # P99000051860

1. Entity Name
FERRARI FITNESS NETWORK USA, INC.

Principal Place of Business

950 11TH ST. N.
 NAPLES FL 34102

Mailing Address

950 11TH ST. N.
 NAPLES FL 34102

5770 12th Ave SW

5770 12th Ave SW

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Naples, FL

Suite, Apt. #, etc.

Naples, FL

City & State

34116 USA

City & State

34116 USA

Zip

Country

Zip

Country

4. FEI Number

59-3579426

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00081812



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE, KATHERINE A
 950 11TH ST. N.
 NAPLES FL 34102

Katherine Moore
~~5770 12th Ave SW~~
5770 12th Ave SW
Naples, FL 34116

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

Katherine Moore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/24/00

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	<input type="checkbox"/> Delete
D	MOORE, KATHERINE A	950 11TH ST. N.	NAPLES FL 34102	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Katherine Moore	5770 12th Ave SW	Naples, FL 34116	<input checked="" 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:

Katherine Moore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine Moore **8/24/00** **(941) 354 9713**
 Date Daytime Phone #

CR2E034 (5/00)