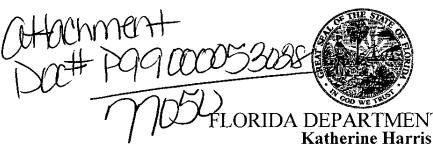
FILED Jul 31, 2001 8:00 am

2001 UNIFORM BUSINESS REPERT (UBR)

18

Secretary of State DOCUMENT # P99000053028 07-05-2001 90005 045 ***150.00 1. Entity Name AMERICAN INSTITUTE OF FITNESS EDUCATORS, INC. Mailing Address Principal Place of Business PIVUIV 2101 NORTH ANDREWS AVENUE SUITE 201 2101 MORTH ANDREWS AVENUE SUITE 201 FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 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 APPLIED FOR Not Applicable Country \$8.75 Additional Zin 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLF, MICHAEL H ESQ Street Address (P.O. Box Number is Not Acceptable) 1876 NORTH UNIVERSITY DR #300 PLANTATION FL 33322 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. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to salisfy its Intangible \$5.00 May Bo 18. Election Campaign Financing 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 Siste ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition Deleta TITLE ☐ Change TITLE ANDREWS, GUY NAME NAME 2101 N. ANDREWS AVE. #201 STREET ADDRESS STREET ADDRESS CITY-ST-20P C07Y-S7-70P FORT LAUDERDALE FL 33311 ☐ Chance MLE ☐ Delete TITLE NAME NAME STREET ACCIDENCES STREET ADDRESS CITY-ST-ZIP CITY-\$1-28 TITLE ☐ Change ■ Addition Delete mle NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change — Addition TITLE" Oelete HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ■ Addition mr TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 seport 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 tracked 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 supplied with the smowered. SIGNATURE:



Secretary of State

July 7, 2001

AMERICAN INSTITUTE OF FITNESS EDUCATORS, INC. 2101 NORTH ANDREWS AVENUE SUITE 201 FT LAUDERDALE, FL 33311

Subject: AMERICAN INSTITUTE OF FITNESS EDUCATORS, INC.

-Reference ----

- P99000053028

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ ANNUAL REPORTS SECTION