2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000056957**

THE ULTIMATE WORKOUT GROUP AT NORTH CAROLINA, IN

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

Principal Place of Business 6601 NW 14TH STREET #2

PLANTATION FL 33313

City & State

Zip

SIGNATURE

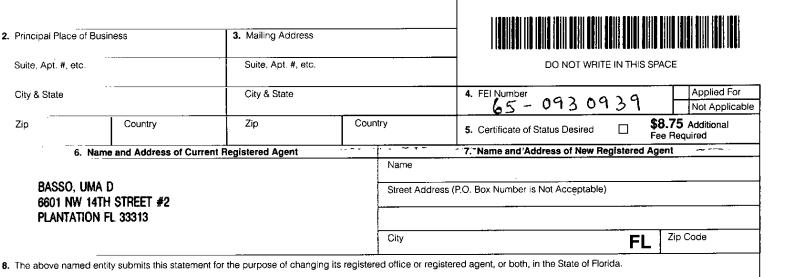
Mailing Address

6601 NW 14TH STREET #2 PLANTATION FL 33313-4579

May 05, 2000 8:00 am Secretary of State

05-05-2000 90089 010 ***150.00

DATE



(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 2843 OFFICENORIA

W, M, Am A

L OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition TITLE NU 14 st NAME NAME STREET ADDRESS STREET ADDRESS Imtation E CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 divistee 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR