

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-09-2000 90060 018 ***150.00

DOCUMENT # P99000065697

1. Entity Name

FITLINK TRAINING SYSTEMS, INC.

R

Principal Place of Business

3201 N.W. 116TH STREET
 MIAMI FL 33167

Mailing Address

3201 N.W. 116TH STREET
 MIAMI FL 33167-2917

2. Principal Place of Business

20880 West Dixie Hwy

3. Mailing Address

20880 West Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

#104

City & State

City & State

North Miami Beach, FL

North Miami Beach, FL

4. FEI Number

65-9420057

Applied For

Not Applicable

Zip

Country

Zip

Country

33180

USA

33180

USA

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

BUCHANAN INGERSOLL PROFESSIONAL CORPORATION
 19495 BISCAYNE BLVD. SUITE 606
 AVENTURA FL 33180

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	Brian Pomeroy	
STREET ADDRESS	20880 W. Dixie Hwy., Suite 104	
CITY-ST-ZIP	North Miami Beach, FL 33180	
TITLE	President	<input type="checkbox"/> Delete
NAME	Terrance Thomas	
STREET ADDRESS	20880 W. Dixie Hwy., Suite 104	
CITY-ST-ZIP	North Miami Beach, FL 33180	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Reuben Pomeroy	
STREET ADDRESS	20880 W. Dixie Hwy., Suite 104	
CITY-ST-ZIP	North Miami Beach, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

BUCHANAN INGERSOLL PROFESSIONAL CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/00

Date

305-935-2626

Daytime Phone #