

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066770

1. Entity Name

THE ULTIMATE WORKOUT GROUP AT PAN AM, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90025 020 ***150.00

Principal Place of Business

6601 NW 14TH STREET, #2
 PLANTATION FL 33313

Mailing Address

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

2. Principal Place of Business

3085 NUTLEY ST

Suite, Apt. #, etc.

City & State

FAIRFAX VA

Zip

22031

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0937248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BASSO, UMA D
 6601 NW 14TH STREET, #2
 PLANTATION FL 33313

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

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. **Pres** OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME Green, William D
 STREET ADDRESS 6601 NW 14 ST #2
 CITY-ST-ZIP PLANTATION, FL 33313

TITLE ☐ Delete
 NAME Via Pres Robert Beals
 STREET ADDRESS 7348 Fort mason Dr
 CITY-ST-ZIP Roanoke, VA 24018

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00

951-581-3116

CH E034 (9/99)