

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90078 039 ***150.00

DOCUMENT # P99000092731

1. Entity Name

UNIQUE, PHYSIQUE NUTRITION & FITNESS CENTER INC.

Principal Place of Business

**324A S.W. 12ND AVENUE
 MIAMI FL 33130**

Mailing Address

**324A S.W. 12ND AVENUE
 MIAMI FL 33130**

2. Principal Place of Business

1350 South Dixie Hwy.

3. Mailing Address

1350 South Dixie Hwy.

Suite, Apt. #, etc.

Fitness Center

Suite, Apt. #, etc.

Fitness Center

City & State

Coral Gables, FLA.

City & State

Coral Gables, FLA.

Zip

33146

Country

U.S.A.

Zip

33146

Country

U.S.A.

4. FEI Number

65-0375648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LOPEZ, HUMBERTO

**324A S.W. 12ND AVENUE
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

Humberto Lopez

Street Address (P.O. Box Number is Not Acceptable)

1350 South Dixie Hwy.

City

Coral Gables

FL

Zip Code

33146

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **CUBILLOS, DILMA M**
 STREET ADDRESS **324A S.W. 12ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE **STD** ☐ Delete
 NAME **LOPEZ, HUMBERTO**
 STREET ADDRESS **324A S.W. 12ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 667-0106

CR2E034 (9/01)