

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90073 025 ***150.00

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1. Entity Name
UNIQUE, PHYSIQUE NUTRITION & FITNESS CENTER INC.

Principal Place of Business

1350 S DIXIE HWY
FITNESS CENTER
MIAMI, FL 33146

Mailing Address

1350 S DIXIE HWY
FITNESS CENTER
MIAMI, FL 33146

94044176



2. Principal Place of Business

2751 CORAL WAY

3. Mailing Address

2751 CORAL WAY

03252004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

FITNESS CENTER

Suite, Apt. #, etc.

FITNESS CENTER

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33145

Country

U.S.A

Zip

33145

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
1350 S DIXIE HWY
MIAMI, FL 33146

7. Name and Address of New Registered Agent

Name

HUMBERTO LOPEZ

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

2751 CORAL WAY

City

MIAMI

FL

Zip Code

33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME **STD**
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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

24 MAR. 2004 (35) 445-5441

Date

Daytime Phone #