## **FILED** P990001 10739 DOCUMENT # May 06, 2002 8:00 ams Secretary of State CLUB FIT. INCORPORATED 05-06-2002 90176 034 \*\*\*150.00 Principal Place of Business Mailing Address 10004 PINES BLVD P.O. BOX 2409 PEMBROKE PINES FL 33024 MOUNT VERNON WA 98273 2. Principal Place of Business Mailino Address 9900 Griffin Rel DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City. & State Cooper City, Fr N. 17 59-3616093 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRONGOLD: TODD & SINGER, P.L. CAPATO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle 10004 PINES BLVD Suite 801 PEMBROKE PINES FL 33024 Zio Code City Coral Gables. 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. TODD & SINGER, P.L. SIGNATURE \_BY: (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be Flection Campaign Financing After May 1, 2002 Fee will be \$550,00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. XX Change Addition D/S/T TITLE TITLE ☐ Delete CAPATO, R. NICHOLAS NAME CAPATO, R. NICHOLAS STREET ADORESS 3151 N. COURSELN., BLDG 43 #101 10004 Pines Boulevard STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF POMPANO BEACH FL 33069-5424 Pembroke Pines, Florida Addition Change Delete THEF D/CEO TITLE NAME LEONARD, PHIL HAME LENNARD, PHIL STREET ADDRESS STREET ADDRESS 10004 Pines Boulevard 1900 S. W. 137TH WAY CITY-ST-ZIP CITY-SY-ZIP MIRAMAR FL 33027 Pembroke Pines, Florida Change Addition Delete TITLE TITLE vst NAME NAME CAPATO, ANTONIO CAPATO, ANTONIO STREET ADDRESS STREET ADDRESS 10004 PINES BLVD 10004 Pines Boulevard CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 Pembroke Pines, Florida Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

Daytime Phone # Date