2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # P99000111817 1. Entity Name PRINCE GYM, INC. 05-17-2000 90919 002 ***150.00 Mailing Address Principal Place of Business 141 NE 3RD AVE. 7TH FL 141 NE 3RD AVE. 7TH FL MIAMI FL 33132 MIAMI FL 33132 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IRELLA CORPORATION SERVICE COMPANY (P.O. Box Number is Not Ad 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City MIAM 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. (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 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE TITLE PRINCE, JORGE NAME STREET ADDRESS STREET ADDRESS 141 NE 3RD AVE, 7TH FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 ☐ Addition TITLE TITLE NAME CRUZ, EMILIO III NAME STREET ADDRESS 141 NE 3RD AVE, 7TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** ☐ Addition Change THUE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME .3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 is changed, or on an attachment with an address, with an other like empowered.