

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90242 039 ***150.00

DOCUMENT # S45441

1. Entity Name
PROFESSIONAL FITNESS, INC.



Principal Place of Business
1717 N BAYSHORE DR
SUITE 1635
MIAMI FL 33132

Mailing Address
629 GLENRIDGE RD
KEY BISCAYNE FL 33149



2. Principal Place of Business
629 Glenridge Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Key Biscayne, FL

City & State

4. FEI Number **65-0325283**

Applied For
Not Applicable

Zip **33149** **Country** **USA**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

YRIZARRY, ADITA
1717 N BAYSHORE DR
SUITE 1635
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **Adita YRIZARRY**
Street Address (P.O. Box Number is Not Acceptable)
629 Glenridge Road
City **Key Biscayne** **FL** **Zip Code** **33149**

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 Adita Yrizarry Adita YRIZARRY 1-22-03
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **YRIZARRY, ADITA**
STREET ADDRESS **1717 N BAYSHORE DR #1635**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME **YRIZARRY, Adita**
STREET ADDRESS **629 Glenridge Road**
CITY-ST-ZIP **Key Biscayne, FL 33149**

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

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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: Adita Yrizarry 1-22-03 3057946505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)