2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$77436 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name SPINELLI GYM, CORP. 04-21-2000 90156 016 ***150.00 Mailing Address Principal Place of Business PO BOX 266110 14778 S.W. 88TH STREET WESTON FL 33326-6110 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address Same 266110 P.O. Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For - City & State City & State 4. FEI Number 65-0287945 Not Applicable Weston, \$8.75 Additional Country U.S.A. Country Zip 33326 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Alfredo G. Duran SPINELLI, MARCO Street Address (P.O. Box Number is Not Acceptable) Suite 1400, Terremark Center 12129 S.W. 175 ST. **MIAMI FL 33183** 2601 So. Bayshore Dr. Miami egolor the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D/Pres//Sec/Treas PD ☐ Addition ☐ Delete TITLE TITLE CASALE, ANTONIO SPINELLI NAME Antonio Spinelli NAME 16680 So. Post Rd. 12129 S.W. 75TH ST. STREET ADDRESS STREET ADDRESS Weston, Fl 33331 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 □ Change ☐ Addition TITLE A Delete NAME MARMO, MARCO SPINELLI NAME STREET ADDRESS 12129 S.W. 75TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** `[] Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change Addition ☐ Delete TITLE 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 TITLE ☐ Delete NAME 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 11 or Block 12 if changed, or on an attachment with an address, with adother like empowered.

ANTONIO SPINELLI, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR