

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 FEB 28 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500013270015
02/28/03--01046--014 **150.00

DOCUMENT # P96000026767

1. Entity Name
THE BODY TREE, INC.



Principal Place of Business Mailing Address
1865 79TH STREET CAUSEWAY, SUITE 21 1865 79TH STREET CAUSEWAY, SUITE 21
MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141

2. Principal Place of Business 3. Mailing Address
3444 Main Highway 3444 Main Highway
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coconut Grove, FL Coconut Grove, FL

Zip Country Zip Country
33139 Miami-Dade 33139 Miami-Dade

4. FEI Number Applied For
Not Applicable

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

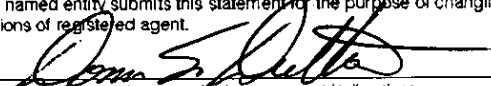


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
BARJAK, MARCELO
1865 79TH ST CAUSEWAY
STE 21
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
Name
Donn S. Dutton, Esq.
Street Address (P.O. Box Number Is Not Acceptable)
Fischman, Harvey & Dutton, P.A.
3050 Biscayne Boulevard, Suite 600
City Miami FL Zip Code 33137

B. The above named entry 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  DATE 2/19/03

SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$660.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAJAK, MARCELO M <input checked="" type="checkbox"/> Delete 1865 79TH STREET CAUSEWAY, SUITE 21 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Ricardo Malpartida <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3444 Main Highway Coconut Grove, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  DATE 2/19/03 (305) 815-5428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)