FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030003

1. Entity Name

BAD GIRLS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20815 N.E 16th Avenue	20815 N.E. 16th Avenue
Suite, Apt. #, etc. B-15	Suite, Apt. #, etc. B-15
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33179 Country USA	Zip 33179 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0909916 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SANDY SAKA

Street Address (P.O. Box Number is Not Acceptable): 20815 N.E 16th Ave. B-15

City: MIAMI FL Zip Code: 33179

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (If OTC, Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE D NAME SAKA, SANDY STREET ADDRESS 20815 N.E. 16th Ave B-15 CITY-ST-ZIP MIAMI, FLA 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME SIMON, REINA STREET ADDRESS 20815 N.E 16th Ave. B-15 CITY-ST-ZIP MIAMI, FLA 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME FENSTER, BECKY STREET ADDRESS 20815 N.E 16th Ave B-15 CITY-ST-ZIP MIAMI, FLA 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY SAKA APRIL 29, 2002 (305) 652-5747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #