

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
Sep 02, 2003 8:00 am  
Secretary of State

09-02-2003 90194 049 \*\*\*150.00

004611

**DOCUMENT # P99000065951**

1. Entity Name  
**BODYWORX PT INC.**



Principal Place of Business  
**1754 MERIDIAN AVE #204  
MIAMI BEACH FL 33139**

Mailing Address  
**1754 MERIDIAN AVE #204  
MIAMI BEACH FL 33139**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BERMAN, RAQUEL  
1754 MERIDIAN AVE #204  
MIAMI BEACH FL 33139**

4. FEI Number **65-0949277**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Berman* (NOTE: Registered Agent signature required when reinstating)

DATE *8/25/03*

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003, Fee will be \$750.00  
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	<b>PST BERMAN, RAQUEL 1754 MERIDIAN AVE #204 MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAQUEL, BERNAN 1754 MERIDANA AVE #204 MIAMI BEACH FL 33139</b> <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

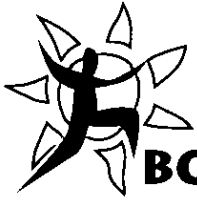
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: *SIGNATURE REQUIRED* **8/25/03** **305 807 8165**

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

CR2E034 (4/03)



**BODYWORX PT, INC.**

*A mobile physical therapy and massage therapy company*

Attachment  
80143051  
P99000065951

To whom it may concern:

Please note that Bodyworx PT, inc. never received a notice of the Uniform Business Report for filing in May; therefore a check for \$150.00 is enclosed.

For future reference we would prefer online filing. Please send information to

Thank you,

Raquel Berman, PT  
President