

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 620794

1. Entity Name

HEALTH & BODY PRODUCTS INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90141 026 \*\*\*150.00

Principal Place of Business

10740 W. FLAGLER ST.  
 SWEETWATER FL 33174

Mailing Address

10740 W. FLAGLER ST.  
 SWEETWATER FL 33174-4405

2. Principal Place of Business

3. Mailing Address

7830 OLD CUTLER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FLA

Zip

Country

33143

Country

4. FEI Number

59-1990115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERON, ALVARO B.  
 10740 WEST FLAGLER STREET  
 MIAMI FL 33174

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

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\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDERON, ALVARO B. 11541 S.W. 98 STREET MIAMI FL	<input type="checkbox"/> Delete NEW ADDRESS 7830 OLD CUTLER RD CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERON, LUCY D. 11541 S.W. 98 STREET MIAMI FL	<input type="checkbox"/> Delete NEW ADDRESS 7830 Old Cutler Rd. CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVARO CALDERON

4/26/00

Daytime Phone #

305 5530342

CR2E034 (9/99)