

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 620794**

1. Entity Name

HEALTH & BODY PRODUCTS INC.

Principal Place of Business

**10740 W. FLAGLER ST.
SWEETWATER FL 33174**

Mailing Address

**7830 OLD CUTTER RD
CORAL GABLES FL 33143**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7830 OLD CUTLER RD**CORAL GABLES, FL 33****33143****MIAMI DADS**

6. Name and Address of Current Registered Agent

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

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.

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

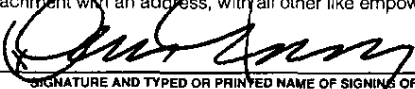
TITLE **PD** ☐ Delete
NAME **CALDERON, ALVARO B.**
STREET ADDRESS **7830 OLD CUTTER RD**
CITY-ST-ZIP **CORAL GABLES FL 33143**TITLE **D** ☐ Delete
NAME **CALDERON, LUCY D.**
STREET ADDRESS **7830 OLD CUTTER RD**
CITY-ST-ZIP **CORAL GABLES FL 33143**TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**ALVARO CALDERON****4/20/01**

Date

(305) 553-0342

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90058 009 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)