

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91900 031 \*\*\*150.00

**DOCUMENT # F00000004323**  
1. Entity Name  
**INTERNATIONAL BODY SCULPTING INCORPORATED**



Principal Place of Business  
**204 THREE ISLANDS BLVD #107  
HALLANDALE FL 33009**

Mailing Address  
**204 THREE ISLANDS BLVD #107  
HALLANDALE FL 33009**



2. Principal Place of Business  
**253 NE 212th Terrace**  
Suite, Apt. #, etc.  
**N/A**

3. Mailing Address  
**253 NE 212th Terrace**  
Suite, Apt. #, etc.  
**N/A**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**North Miami Beach FL**  
Zip  
**33179**  
Country  
**USA**

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**North Miami Beach FL**  
Zip  
**33179**  
Country  
**USA**

4. FEI Number **NOT APPLICABLE**  
Applied For  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HADAD, PATRICE P  
204 THREE ISLANDS BLVD #107  
HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**

Name  
**Patrice P Hadad**  
Street Address (P.O. Box Number is Not Applicable)  
**253 NE 212th Terrace**  
City  
**North Miami Beach FL** Zip  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Patrice P Hadad** **Patrice P Hadad, vice president** **5/1/03**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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>PTD HADAD, EMILE T 204 THREE ISLAND BLVD #107 HALLANDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HADAD, PATRICE P 204 THREE ISLAND BLVD #107 HALLANDALE FL</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
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	<b>PTD Emile T. Hadad 253 NE 212th Terrace North Miami Beach FL 33179</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>address only</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Patrice P Hadad 253 NE 212th Terrace North Miami Beach FL 33179</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>address only</b>
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: **Patrice P Hadad** **Patrice P Hadad** **5/1/03** **(855) 651-8621**  
(Signature and typed or printed name of signing officer or director. Date. Telephone #)