

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

*Amended*

## DOCUMENT #

1. Entity Name  
L 32420

Body Line International, Inc.

FILED

02 OCT 11 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

### 2. Principal Place of Business

3191 Coral Way

Suite, Apt. #, etc.  
109

City & State

Miami, FL

Zip  
33145

Country  
USA

### 3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

### 4. FEI Number

65-0174078

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

Ricardo Bajandas, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1000 Brickell Ave. Ste. 900

City

Miami, FL

FL

Zip Code  
33131

**DO NOT WRITE  
IN THIS SPACE**

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.

*RICARDO BAJANDAS, PRES*

*10-3-02*

(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) ☐

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 NAME STREET ADDRESS CITY - ST - ZIP	P/D Alejandro Carreno 1000 Brickell Ave. Ste. 900 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900009026289 11/15/02--01000--013 **\$1.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Natividad M. Manandez 1000 Brickell Ave. Ste. 900 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Ricardo Bajandas 1000 Brickell Ave. Ste. 900 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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	

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:

*RICARDO BAJANDAS*

October 3, 2002

(305) 377-0809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)