

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002719

Entity Name

BODY SYMPHONY HEALTH SCIENCES, L.L.C.

Principal Place of Business

1 LAS OLAS CIRCLE #211  
FORT LAUDERDALE FL 33316

Mailing Address

1 LAS OLAS CIRCLE #211  
FORT LAUDERDALE FL 33316-1633

2. Principal Place of Business

2828 S. TAMiami Trail

3. Mailing Address

2828 S. TAMiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SARASOTA, FL.

City & State  
SARASOTA, FL.

Zip  
34239

Country  
USA

Zip  
34239

Country  
USA

4. FEI Number

65-0848779

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHOPKI, AUDREY  
1 LAS OLAS CIRCLE #211  
FORT LAUDERDALE FL 33316

5257 CAPE LAYTE WAY  
SARASOTA, FL 34242

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200003263982--3  
-05/23/00--01106--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
MGR	CHOPKI, AUDREY	1 LAS OLAS CIRCLE #211	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
		5257 CAPE LAYTE WAY	SARASOTA, FL 34242	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10.

ADDITIONS / CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Audrey Chopki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/00

Date

941-546-9822

Daytime Phone #

CR2E033 (9/99)