

2001 UNIFORM BUSINESS REPORT (UBR)

0022894 AF

DOCUMENT # L98000002719

1. Entity Name
BODY SYMPHONY HEALTH SCIENCES, L.L.C.

FILED

01 FEB 16 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2828 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

2828 S. TAMiami TRAIL
SARASOTA FL 34239

2. Principal Place of Business

2400 E. Las Olas Blvd
Suite, Apt. #, etc.
343

3. Mailing Address

2400 E. Las Olas Blvd
Suite, Apt. #, etc.
343

DO NOT WRITE IN THIS SPACE

City & State
FT. Lauderdale, Florida

City & State
FT. Lauderdale, Florida

4. FEI Number 65-0848779

Applied For
Not Applicable

Zip 33301

Country USA

Zip 33301

Country USA

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

7. Name and Address of New Registered Agent

Name Audrey Chopki
Street Address (P.O. Box Number is Not Acceptable)
1040 Seminole DR. APT #1459
City FT. Lauderdale FL Zip Code 33304

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 Audrey Chopki, as Reg. Agent Audrey Chopki 2/1/01
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOPKI, AUDREY 5257 CAPE LEYTE WAY SARASOTA FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" 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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chopki, Audrey 1040 Seminole DR., #1459 FT. Lauderdale, Florida 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003745662-9 -02/21/01--01083--014 *****50.00 *****50.00	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, as Mgr. Audrey Chopki 2/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)