

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28849

1. Entity Name

THE BODY POSITIVE RESOURCE CENTER, INC.

FILED

Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90097 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% DORIS FEINBERG  
175 NE 36 ST  
MIAMI FL 33137-3624

% DORIS FEINBERG  
175 NE 36 ST  
MIAMI FL 33137-3624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0077571

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINBERG, DORIS  
175 NE 36 ST  
MIAMI FL 33140

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME FEINBERG, DORIS  
STREET ADDRESS 6360 PELICAN BAY BLVD.  
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE ~~DSS~~ <sup>D</sup>  
NAME HURST, CLINT  
STREET ADDRESS 1254 DREXEL AVE. APT. #12  
CITY-ST-ZIP MIAMI BCH. FL 33139 ☐ Delete

TITLE ~~DP~~ <sup>D/V</sup>  
NAME SHERMAN, TROY  
STREET ADDRESS 4438 ROYAL PALM AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE ~~DST~~  
NAME ~~WALDER, GREG~~  
STREET ADDRESS 4120 NORTH MERIDIAN AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL ☒ Delete

TITLE ~~DP~~ <sup>D/T</sup>  
NAME CABALLERO, WILHELM  
STREET ADDRESS 780 NORTH EAST 69 STREET, 302  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE <sup>D</sup>  
NAME GOMEZ, HENRY  
STREET ADDRESS 1935 South West 25 Terrace  
CITY-ST-ZIP Miami, Fla. 33133 ☐ Change ☒ Addition

TITLE <sup>DSS</sup>  
NAME Ramos, Wis  
STREET ADDRESS 1455 NORTH TREASURE DRIVE, 3C  
CITY-ST-ZIP NORTH BAY VILLAGE, FL. 33141 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 617, 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 (305) 576-1111

CR2E037 (9/99)