

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90194 033 \*\*\*150.00

**DOCUMENT # P00000022397**

1. Entity Name  
**BODY INTEGRATION THERAPIES INC.**

Principal Place of Business  
**5866 SW 42 TERRACE**  
**MIAMI, FL 33155**

Mailing Address  
**5866 SW 42 TERRACE**  
**MIAMI FL 33155**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0987613**

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

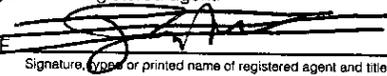
**BLOCK, IVAN**  
**95 EDGEWATER DR. APT. 10**  
**CORAL GABLES FL 33133**

Name **IVAN Block**

Street Address (P.O. Box Number is Not Acceptable)  
**5866 S.W. 42 Terrace**

City **MIAMI** FL Zip Code **33155**

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 

DATE **7/9/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BLOCK, IVAN</b> <b>95 EDGEWATER DR. APT. 10</b> <b>CORAL GABLES FL 33133</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

Date **7/9/02** Daytime Phone #

CR2E034 (4/02)

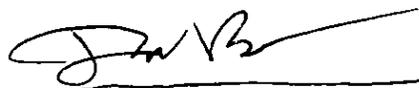
Body Integration Therapies Inc.  
5866 S.W. 42 terrace  
MIAMI FL. 33155.  
305-661-9951  
65-0987613

Attachment  
Document #  
P00000022397

To Whom It May Concern:

I have just received this Uniform Business report  
for the first time this year. I contacted your staff  
about this and was told to mail in the \$150.00 amount and  
not the late fee of \$550.00

If you need to contact me about this please  
feel free to do so.



7/9/02

Ivan Block

President.