

**2001 UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 11 AM 10:00

DOCUMENT # P00000066274  
1. Entity Name  
Millenium Body Shop of Miami, Inc

Principal Place of Business Mailing Address  
3775 N.W. 28th St.  
Miami, FL 33142


2. Principal Place of Business 3. Mailing Address  
Same Same

Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State

6. Name and Address of Current Registered Agent  
LINDAY DONKLEY  
3775 N.W. 28th St.  
Miami, FL 33142

4. FEI Number 65-1024863 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

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  DATE 9/10/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  FILE NOW WITH FEES \$150.00 when MAY 1, 2007 (Fees will be \$550.00)  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	<input type="checkbox"/> Delete JOSE BRITO 3775 N.W. 28th St. Miami, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400004597684--8 -09/19/01--01006--030 ***550.00 ***550.00
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
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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:  DATE 9/10/01 DAYTIME PHONE # (305) 461-4460

CR2E034 (1/1/00)