

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90103 041 ***150.00

0271533

DOCUMENT # **P00000069418**

1. Entity Name

BODY INTERNATIONAL GROUP, INC. ✓

Principal Place of Business

Mailing Address

16741 NW 18th St

Pembroke Pines FL 33028

2. Principal Place of Business

3. Mailing Address

269 N. University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite "J"

City & State

City & State

Pembroke Pines FL

Zip

Country

Zip

Country

33024

US

4. FEI Number

65-1026319

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

José G. Tovar

9900 Stirling Rd. Suite 218

Cooper City, Florida 33024

Name

Maritza Corona

Street Address (P.O. Box Number is Not Acceptable)

269 N. University Dr. Suite "J"

City Pembroke Pines

FL

Zip Code

33024

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]

Maritza Corona - Agent

04/05/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
 NAME **PD. Rubén Briceño**
 STREET ADDRESS **16741 NW 18th St**
 CITY-ST-ZIP **Pembroke Pines FL 33028**

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

TITLE ☐ Delete
 NAME **SC Rubén Briceño**
 STREET ADDRESS **16741 NW 18th St**
 CITY-ST-ZIP **Pembroke Pines FL 33028**

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

TITLE ☐ Delete
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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:

112.3.11

Rubén Briceño - President

4/5/01 322-0891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)