

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000073070**1. Entity Name
BODY & BODY LINGERIE, INC.**FILED**
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90510 036 ***150.00

Principal Place of Business

**5783 SW 40TH STREET
PMB 201
MIAMI FL 33155**

Mailing Address

**5783 SW 40TH STREET
PMB 201
MIAMI FL 33155**

2. Principal Place of Business

7220 NW 36 ST.

3. Mailing Address

7220 NW 36 ST

Suite, Apt. #, etc.

307A.

Suite, Apt. #, etc.

307A.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-1036849

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

33166

Country

DADE5. 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

**OCHOA, MARIBEL
500 VILLABELLA AVENUE
CORAL GABLES FL 33146**

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

03-12-019. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
OCHOA, MARIBEL
5783 SW 40TH STREET #PMB 201
MIAMI FL 33155** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
OCHOA, MARIBEL
7220 NW 36 ST #307A
MIAMI, FL 33166** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
RAMIREZ, GLORIA
5783 SW 40TH STREET #PMB 201
MIAMI FL 33155** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
RAMIREZ, GLORIA
7220 NW 36 ST #307A
MIAMI, FL 33166** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-01

CR2E034 (10/00)