FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Jun 29, 2001 8:00 am Secretary of State DOCUMENT # P00000090242 06-29-2001 90003 001 ***150.00 FLY BODY SHOP CORP. Principal Place of Business Mailing Address 1726 NORTHWEST 22ND STREET 1726 NORTHWEST 22ND STREET MIAMI FL 33142 MIAMI FL 33142 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEINUMBER 10 43233 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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. quired when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PSTD** ☐ Addition TITLE ☐ Delete TITLE PEREZ. NILDO NAME NAME 1726 NORTHWEST 22ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME ---NAME --- ⇒ -: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with his filling 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 empower ed 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

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME

residont SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

☐ Delete

Daytime Phone #

Change

☐ Addition

attachment Doct P00000090242 AW16350 Miami Fla. Lune no fol Department of State Sirision of Corporations PD-Box LIXI Talluhassec, Flr. 32394. Ref: annual Report 2001 Doc Poodoogo242 Gentlement Due to deficiences with the marking we had not received the roo! Uniform annual Report (UBR) so we are sending it a little tate. So we are begging you that don't apply the penalty - Our bussinoss is too little and is granting Hope you make the possible in our behalf take the sportunity to thanks you very much Gineerily yours Fly Budy Shop, Corp. by A Heldo Fores Prosident