2002 UNIFORM BUSINESS REPORT (UBR)

Jul 24, 2002 8:00 am **DOCUMENT#** P00000090242 Secrétary of State 1. Entity Name 07-24-2002 90139 019 ***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** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1043233 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE V. CORAL GABLES FL 33134 City 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. I am familiar with, and accept 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** Delete TITLE ☐ Addition NAME PEREZ, NILDO NAME STREET ADDRESS 1726 NORTHWEST 22ND STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP TITI F ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI Ē Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

FFICER OF DIRECTOR Pasid D7/08/02 (BOS) 376-9688

FILED

Meanin July 8th roos Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fla. 32314

alla chment 100000090242 97/082

On Joly 5th we received a UBR form in which you are claiment of \$550= for late filing fees, but we are not received any other notice prior these of July 5th, we consider we are not in fault, 30 we are begging you apcept our payment on time.

Thinks you, Siaceochy your.

fly fody Shop, Corp. FLY BODY SHOP, CORP. 1726 NW 22 STREET

MIAMI, FL. 33142