

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90484 039 \*\*\*150.00

**DOCUMENT # P00000110769**

1. Entity Name

**BODY STYLES INTERNATIONAL, CORP.**

Principal Place of Business

Mailing Address

**777 NW 72ND AVENUE  
UNIT # 2AAG0  
MIAMI FL 33126**

**777 NW 72ND AVENUE  
UNIT # 2AAG0  
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1058867**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTEGA, LINA MARIA  
129 01 NW 1ST STREET SUITE 211  
PEMBROKE PINES FL 33028**

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

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, 2002 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 **PD** ☐ Delete  
NAME **ORTEGA, LINA MARIA**  
STREET ADDRESS **129 01 NW 1ST STREET SUITE 211**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **PD** ☒ Change ☐ Addition  
NAME **ORTEGA, LINA MARIA**  
STREET ADDRESS **777 N.W. 72 AVENUE showroom 2AAG0**  
CITY-ST-ZIP **Miami FL, 33126**

TITLE **VD** ☐ Delete  
NAME **BOTERO, FRANCISCO**  
STREET ADDRESS **129 01 NW 1ST STREET SUITE 211**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VD** ☒ Change ☐ Addition  
NAME **BOTERO, FRANCISCO**  
STREET ADDRESS **777 N.W. 72 AV. showroom 2AAG0**  
CITY-ST-ZIP **Miami FL, 33126**

TITLE **SD** ☐ Delete  
NAME **DIAZ, JORGE**  
STREET ADDRESS **129 01 NW 1ST STREET SUITE 211**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **SD** ☒ Change ☐ Addition  
NAME **DIAZ, JORGE**  
STREET ADDRESS **777 N.W. 72 AV. showroom 2AAG0**  
CITY-ST-ZIP **Miami FL, 33126**

TITLE **TD** ☐ Delete  
NAME **GOMEZ, MARLENNY**  
STREET ADDRESS **129 01 NW 1ST STREET SUITE 211**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **TD** ☒ Change ☐ Addition  
NAME **GOMEZ, MARLENNY**  
STREET ADDRESS **777 N.W. 72 AV. showroom 2AAG0**  
CITY-ST-ZIP **Miami FL, 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 26/02**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment



869311

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 29, 2002

BODY STYLES INTERNATIONAL, CORP.  
777 NW 72ND AVENUE  
UNIT # 2AA60  
MIAMI, FL 33126

Subject: **BODY STYLES INTERNATIONAL, CORP.**

Reference Number: **P00000110769**

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN  
ANNUAL REPORTS SECTION