

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90069 005 \*\*\*150.00

**DOCUMENT # P00000110769**

**1. Entity Name**  
**BODY STYLES INTERNATIONAL, CORP.**



**Principal Place of Business**  
**777 NW 72ND AVENUE**  
**UNIT # 2AA60**  
**MIAMI FL 33126**

**Mailing Address**  
**777 NW 72ND AVENUE**  
**UNIT # 2AA60**  
**MIAMI FL 33126**

**2. Principal Place of Business**  
**2315 NW 107 AVE**

**3. Mailing Address**  
**2315 NW 107 AVE**

**Suite, Apt. #, etc.**  
**1M45**

**Suite, Apt. #, etc.**  
**1M45**

**City & State**  
**MIAMI FL**

**City & State**  
**MIAMI FL**

**Zip**  
**33172**

**Country**  
**MIAMI-DADE**

**Zip**  
**33172**

**Country**  
**MIAMI-DADE**



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-1058867**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**Name** **LINA M. ORTEGA**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2315 NW 107 AVE**  
**1M45**  
**City** **MIAMI** **FL** **Zip Code** **33172**

**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 the obligations of registered agent.**

**SIGNATURE** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <input type="checkbox"/> Delete <b>ORTEGA, LINA MARIA</b> <b>777 N.W 72 AVE ,SHOWROOM 2AA60</b> <b>MIAMI FL 33126</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <input type="checkbox"/> Delete <b>BOTERO, FRANCISCO</b> <b>777 N.W 72 AVE ,SHOWROOM 2AA60</b> <b>MIAMI FL 33126</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <input type="checkbox"/> Delete <b>DIAZ, JORGE</b> <b>777 N.W 72 AVE ,SHOWROOM 2AA60</b> <b>MIAMI FL 33126</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <input type="checkbox"/> Delete <b>GOMEZ, MARLENNY</b> <b>777 N.W 72 AVE ,SHOWROOM 2AA60</b> <b>MIAMI FL 33126</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2315 NW 107 AVE, 1M45</b> <b>MIAMI FL 33172</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2315 NW 107 AVE, 1M45</b> <b>MIAMI FL 33172</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2315 NW 107 AVE, 1M45</b> <b>MIAMI FL 33172</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2315 NW 107 AVE, 1M45</b> <b>MIAMI, FL 33172</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)