

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Page 1 of 2*

**DOCUMENT #** *P010000017987*

1. Entity Name

*BODY TECH HEALTH CLUBS, INC*

**FILED**

02 DEC 31 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900009639769

12/23/02--01059--024 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3702 KANTREL PLACE*

Suite, Apt. #, etc.

3. Mailing Address

*3702 KANTREL PLACE*

Suite, Apt. #, etc.

City & State

*VALRICO FL*

City & State

*VALRICO FL*

Zip

*33594*

Country

*U.S.A.*

Zip

*33594*

Country

*U.S.A.*

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *RICARDO CAMPORA*

Street Address (P.O. Box Number is Not Acceptable)

*3702 KANTREL PLACE*

City

*VALRICO*

**FL**

Zip Code

*33594*

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1 Fee is \$500.00**

**Amended UBR is \$61.25**

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P RICARDO CAMPORA 3702 KANTREL PLACE VALRICO FL 33594</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RICARDO CAMPORA*

Date

*12/16/02*

Daytime Phone #

*(813) 294-7497*

CR2E034B (12/01)

*Payerwh*

Uniform Business Report  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

December 17, 2002

To Whom it may concern:

**HELP!!**

I went online to find out when I need to report (I thought it was January) and discovered that it was May. This is the first time that I have ever renewed the corporate status for Body Tech Health Clubs, Inc. and I certainly never intended for the corporate status to be anything other than ACTIVE!

I have included a UBR form and a check for \$150.00 Please let me know if that is sufficient as I would certainly have a great deal of trouble paying an additional \$500.00 for my error.

Sincerely,



Ricardo Campora  
President, Body Tech Health Clubs, Inc.

P.S. I have never received any renewal notices, if I am supposed to.

*Thanks!*