

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90208 024 ***150.00

DOCUMENT # P01000058314

1. Entity Name
BODY BY ALISHA, INC.

Principal Place of Business
3375 PINEWALK DRIVE NORTH
SUITE 210
MARGATE FL 33063

Mailing Address
3375 PINEWALK DRIVE NORTH
SUITE 210
MARGATE FL 33063

2. Principal Place of Business
2100 NW 33 RD TERR
 Suite, Apt. #, etc.

3. Mailing Address
2100 NW 33 RD TERR
 Suite, Apt. #, etc.

City & State
Coconut Creek FL
 Zip
33066
 Country
USA

City & State
Coconut Creek FL
 Zip
33066
 Country
USA

4. FEI Number
65-111360

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FEDERICO, ALICIA M
3375 PINEWALK DRIVE NORTH
SUITE 210
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name
Federico, Alicia M
 Street Address (P.O. Box Number is Not Acceptable)

2100 NW 33 RD TERR
 City
Coconut Creek FL Zip Code
33066

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

TITLE
D ☐ Delete
 NAME
FEDERICO, ALICIA M
 STREET ADDRESS
3375 PINEWALK DRIVE NORTH, SUITE 210
 CITY-ST-ZIP
MARGATE FL 33063

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-02 **(954) 802-8882**

CR2E034 (9/01)