FILED
Jun 17, 2002 8:00 am
Secretary of State
05-21-2002 91113 027 ***150.00

FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099184

1. Entity Name
Ideal Body Shop, INC

DO NOT WRITE IN THIS SPACE

93201

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2. Principal Place of Business	3. Mailing Address
1675 C C Williamson Rd	1675 C C Williamson Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, Fl	City & State: Longwood, Fl
Zip: 32779 Country: Seminole	Zip: 32779 Country: Seminole

4. FEI Number: 59-3748662 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Victor Arxllon
Street Address (P.O. Box Number is Not Acceptable): 1402 Clarks Sommit Dr.
City: Orlando FL Zip Code: 32828

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] Vice President 6/5/02

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 $550.00
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	President
NAME	Victor Arxllon
STREET ADDRESS	1402 Clarks Sommit dr.
CITY-ST-ZIP	Orlando, Fl. 32828
TITLE	Vice-President
NAME	Steven de la Motta
STREET ADDRESS	710 Cedar forest circle
CITY-ST-ZIP	Orlando, Fl. 32828

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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] Date: / Daytime Phone #: 407-389-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR