2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

15351 SW 87 CT

MIAMI FL 33157

3. Mailing Address

City & State

Zip

ر.

Suite, Apt. #, etc.

P02000077582 **DOCUMENT#**

Country

6. Name and Address of Current Registered Agent

1. Entity Name

15351 SW 87 CT

MIAMI FL 33157

Principal Place of Business

2. Principal Place of Business

KRAMER, JEFFREY S ESQ '

KRAMER & RASSNER, P.A. 7700 N KENDALL DR STE 510

MIAMI FL 33156 -.

Suite, Apt. #, etc.

City & State

Zip

YOUNIQUE PHYSIQUE, INC.



Country

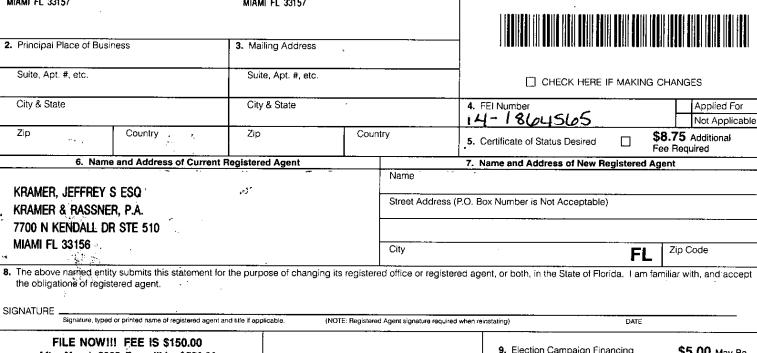
Name

City

FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90109 008 ***150 00

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| the obligations of registered agent. SIGNATURE | | | | . , | - | |
|------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------|----------------------------------------------------------|--------------|---------------------|-----------------|
| Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Re | egistered Agent signature required wh | nen 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 | | | Election Campaign Financing Trust Fund Contribution. | | 0 May Be to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS | 3 IN 11 | |
| TITLE PSTD SHAPIRO, RITA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | CR2E034 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition | CR2 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does no | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | |

indicated on this report or supplied with this minig 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 suppliemental 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: