

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000083799**

1. Entity Name
REFORMED BODIES, INC.



FILED
03 DEC 22 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**300 THREE ISLANDS BOULEVARD
SUITE #701
HALLANDALE FL 33009**

Mailing Address
**300 THREE ISLANDS BOULEVARD
SUITE #701
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08/06/03 90059 018 \$550.00 03

CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0635762

Applies For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
CHARLES GUSKY CPA

Street Address (P.O. Box Number is acceptable)

300 THREE ISLANDS BLVD SUITE 101

City

HALLANDALE, FL

FL

Zip Code

33009

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

Date

CHARLES B GUSKY, CPA

7/31/03

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
PEREZ, KAREN Y
300 THREE ISLANDS BOULEVARD, SUITE #701
HALLANDALE FL 33009**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, and that I execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 10 or Book 11 if changed, or on an endorsement with an address, with the filing of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

7/31/03

781-247-4582