

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90125 040 \*\*\*150.00

0312564 AV

**DOCUMENT # P02000097607**

1. Entity Name  
**LADIESINSHAPE CORPORATION**



Principal Place of Business  
**1030 NORTHWEST 129TH PLACE  
MIAMI FL 33182**

Mailing Address  
**1030 NORTHWEST 129TH PLACE  
MIAMI FL 33182**

2. Principal Place of Business  
**14513 SW 42nd St**

3. Mailing Address  
**1030 NW 129 Place**

Suite, Apt. #, etc.  
**Attorne**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip Country  
**33175 USA**

Zip Country  
**33182 USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**20-0001667**

Applied 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 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI FL 33145**

## 7. Name and Address of New Registered Agent

Name  
**Jorge Martinez**  
Street Address (P.O. Box Number is Not Acceptable)  
**1030 NW 129 Place**  
City  
**Miami** FL Zip Code  
**33182**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/01/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
**PTD** ☐ Delete  
NAME  
**MARTINEZ, JR., JORGE L**  
STREET ADDRESS  
**1030 NORTHWEST 129TH PLACE**  
CITY-ST-ZIP  
**MIAMI FL 33182**

TITLE  
**VPSD** ☐ Delete  
NAME  
**MARTINEZ, MARTHA K**  
STREET ADDRESS  
**1030 NORTHWEST 129TH PLACE**  
CITY-ST-ZIP  
**MIAMI FL 33182**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/01/03**

Date

Daytime Phone #

CR2E034 (10/02)