FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

"AMENDED"

APPROVED AND FILED

03 APR 29 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000106431

1. Entity Name

EUSILNA BODY SHOP, INC.

DO NOT WRITE IN THIS SPACE

2003 AMENDED

2. Principal Place of Business	3. Mailing Address
4100 NW 135th St.	4100 NW 135th St.
Suite, Apt. #, etc.: #5-A	Suite, Apt. #, etc.: #5-A
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33054 Country:	Zip: 33054 Country:

4. FEI Number: 11-3656347 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARK CERA, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 9050 Pines Blvd. Ste. 384

City: Pembroke Pines FL Zip Code: 33024

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: Mark Cera 4-23-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PSD
NAME	Gregory V. Donelson
STREET ADDRESS	5722 S. Flamingo Rd.
CITY-ST-ZIP	Cooper City, Fl. 33330
TITLE	VTD
NAME	Jacqueline D. Castillo
STREET ADDRESS	6142 N.W. 173rd Terrace
CITY-ST-ZIP	Miami, Fl. 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	200020288902
NAME	05/30/03--01056--004 **70.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 4/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #