

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90278 050 ***150.00

DOCUMENT # P02000118039

1. Entity Name
UNLIMITED BODY CARE, INC.



Principal Place of Business
160 NW 176 ST STE 203
MIAMI, FL 33179

Mailing Address
160 NW 176 ST STE 203
MIAMI, FL 33179

04040001



2. Principal Place of Business
160 NW 176 Street

Mailing Address
160 NW 176 Street

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

Miami, FL

City & State

Miami, FL

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number
76-0718503

Applied For
Not Applicable

Zip
33169

Country

Miami-Dade

Zip

33169

Country

Miami-Dade

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

6. Name and Address of Current Registered Agent

TRIANA, ELSA G
167 NW 176 ST STE 203
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name Triana, Elsa G

Street Address (P.O. Box Number is Not Acceptable)

160 NW 176 Street Suite 203

City Miami

FL

Zip Code 33169

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: DP ☒ Delete
NAME: TRIANA, ELSA G
STREET ADDRESS: 167 NW 176 ST STE 203
CITY-ST-ZIP: MIAMI, FL 33179

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Triana, Elsa G ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 160 NW 176 Street Suite 203
CITY-ST-ZIP: Miami, FL 33169

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

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

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NAME:
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elsa Gonzalez

Elsa Gonzalez

4/23/04

(305)248006