

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015392

1. Entity Name  
BODY ALIVE HEALTH & FITNESS PRODUCTS CORP.Principal Place of Business  
801 W. 49TH ST.  
SUITE 105  
HIALEAH FL 33012Mailing Address  
801 W. 49TH ST.  
SUITE 105  
HIALEAH FL 330122. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
ZipCity & State  
Zip

Country

4. FEI Number  
65-0588401Applied For  
Not Applicable5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ALICIA, MARIA  
801 W 49TH ST, 105  
SUITE 105  
HIALEAH FL 3

Name

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

City

FL Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

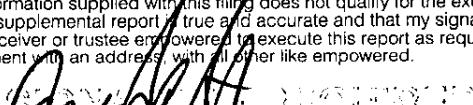
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

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

TITLE P  Delete  
NAME GUTIERREZ(JORGE), GEORGE  
STREET ADDRESS 801 W. 49TH ST. #105  
CITY-ST-ZIP HIALEAH FL 33012TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE C  Delete  
NAME ALICEA MARIA  
STREET ADDRESS 801 W 49TH ST 105  
CITY-ST-ZIP HIALEAH FLTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 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

3/6/02

Date

Daytime Phone #

82032001  
AVFILED  
Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90233 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CF2E034 (9/01)