2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91479 036 ***150.00

DOCUMENT # P95000040008

1. Entity Name
MERCY BODYSHOP, INC.

Principal Place of Business	Mailing Address
5140 E. 10TH COURT	5140 E. 10TH COURT
HIALEAH FL 33013	HIALEAH FL 33013

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	4951 East 10 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hialeah FL
Zip / Country	Zip: 33013 / Country: Dade

4. FEI Number 65-0587581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YANES, CARLOS A	Name: Carlos A. Yanes
5040 EAST 4TH AVE. #16	Street Address (P.O. Box Number is Not Acceptable): 775 East 52 St.
HIALEAH FL 33013	City: Hialeah FL Zip Code: 33013

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] P, Carlos A. Yanes DATE 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YANES, CARLOS A		NAME	
STREET ADDRESS	775 EAST 52 ST		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013		CITY-ST-ZIP	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ACOSTA, ANAIS		NAME	
STREET ADDRESS	775 E 52ST		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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] Carlos A. Yanes 4/22/03 305-769 0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #