

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90009 005 \*\*\*150.00

**DOCUMENT # P96000103938**

1. Entity Name

**BODY BEAUTY BY DEMETRY, INC.**

Principal Place of Business

8500 SW 8TH ST. SUITE 242

MIAMI FL 33144

9270 S.W. 40th

Miami, FL 33165

Mailing Address

8500 SW 8TH ST. SUITE 242

MIAMI FL 33144

9270 S.W. 40th

Miami, FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0739611**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEMETRY, SERGIO

8500 SW 8TH ST. SUITE 242

MIAMI FL 33144

9270 S.W. 40th  
Miami, FL 33165

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. 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 **D**  
NAME **SUAREZ, SERGIO DEMETRY**  
STREET ADDRESS **8500 S.W. 8TH STREET, SUITE 242**  
CITY-ST-ZIP **MIAMI FL 33144**

☐ Delete

TITLE **VP**  
NAME **GUERRERO, LEONCIA**  
STREET ADDRESS **15660 SW 82 LANE UNIT 6-I**  
CITY-ST-ZIP **MIAMI FL 33193**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**Sergio Demetry Suarez**  
**9270 S.W. 40 St.**  
**Miami, FL 33165**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/00)