5/28/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2002 8:00 am
Secretary of State

05-28-2002 90723 017 ***150.00

DOCUMENT # P96000103938

1. Entity Name
BODY BEAUTY BY DEMETRY, INC.

Principal Place of Business
9270 SW 40 ST
MIAMI FL 33165

Mailing Address
9270 SW 40 ST
MIAMI FL 33165

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0739611 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
DEMETRY, SERGIO Juarez
9270 SW 40 ST
MIAMI FL 33165

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	JUAREZ, SERGIO SERGIO	
STREET ADDRESS	9270 SW 40 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VP	☐ Delete
NAME	GUERRERO, LEONCIA	
STREET ADDRESS	15660 SW 82 LANE UNIT 6-I	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sergio D. Juarez	☐ Delete
NAME		
STREET ADDRESS	9270 S.W. 40 St. (Business)	
CITY-ST-ZIP	Miami, Fl. 33165	
TITLE	Leoncia Guerrero	☐ Delete
NAME		
STREET ADDRESS	9270 S.W. 40 St. (Business)	
CITY-ST-ZIP	Miami, Fl. 33165	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	348 NE 85 St	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		☐ Change ☒ Addition
NAME	559 N.W. 49th St.	
STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33127	
TITLE	President	☐ Change ☒ Addition
NAME		
STREET ADDRESS	559 N.W. 49th St. (Home)	
CITY-ST-ZIP	Miami, Fl. 33127	
TITLE	V. President	☐ Change ☒ Addition
NAME		
STREET ADDRESS	559 N.W. 49th St. (Home)	
CITY-ST-ZIP	Miami, Fl. 33127	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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 RECEIVED — 5-1-02 — 305/226-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #