

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051247

1. Entity Name

XTRAORDINARY BABES, INC.

FILED

Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90082 044 \*\*\*150.00

Principal Place of Business

20533 BISCAYNE BLVD. #4232  
MIAMI FL 33180

Mailing Address

20533 BISCAYNE BLVD. #4232  
MIAMI FL 33180-1529

2. Principal Place of Business

20533 Biscayne Blvd

3. Mailing Address

20533 Biscayne Blvd

Suite, Apt. #, etc.

PMB 232

Suite, Apt. #, etc.

PMB 232

City & State

Miami, FL

City & State

Miami, FL

Zip

33180

Country

Zip

33180

Country

4. FEI Number

65-0764939

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

CURBELO, RENE

20533 BISCAYNE BLVD. #4232  
MIAMI FL 33180

Name

Curbelo, Rene

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

20533 Biscayne Blvd

PMB 232

City

Miami

FL

Zip Code

33180

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

3-8-00

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS CURBELO, RENE  
CITY-ST-ZIP 20533 BISCAYNE BLVD. #4232  
MIAMI FL 33180

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Curbelo, Rene  
CITY-ST-ZIP 20533 Biscayne Blvd., PMB 232  
Miami, FL 33180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

3-8-00

305-651-5777

CR2E034 (9/99)