

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90006 011 \*\*\*150.00

**DOCUMENT # P98000001616**

1. Entity Name  
**BODYSLIM, INC.**

Principal Place of Business

**205 ARAGON AVE  
CORAL GABLES FL 33134  
US**

Mailing Address

**205 ARAGON AVE  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

**3370 N.E. 190 STREET**

Suite, Apt. #, etc.

**SUITE 811**

City & State

**AVENTURA, FLORIDA**

Zip

**33180**

Country

**USA**

3. Mailing Address

**3370 N.E. 190 STREET**

Suite, Apt. #, etc.

**SUITE 811**

City & State

**AVENTURA, FLORIDA**

Zip

**33180**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0804182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SIMON, KARAM  
205 ARAGON AVE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**SIMON KARAM**

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

**3370 N.E. 190 STREET, SUITE 811**

City

**AVENTURA**

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.

**SIMON KARAM**

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-03-01**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KARAN, VALERIE</b>	
STREET ADDRESS	<b>1627 BRICKELL AVE #1001</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>PTS</b>	<input type="checkbox"/> Delete
NAME	<b>KARAN, VALERIE</b>	
STREET ADDRESS	<b>1627 BRICKELL AVE APT 1001</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARAM, VALERIE</b>	
STREET ADDRESS	<b>3370 N.E. 190 STREET #811</b>	
CITY-ST-ZIP	<b>AVENTURA, FL, 33180</b>	
TITLE	<b>PTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARAM, VALERIE</b>	
STREET ADDRESS	<b>3370 N.E. 190 STREET #811</b>	
CITY-ST-ZIP	<b>AVENTURA, FL, 33180</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**VALERIE KARAM**

Date

Daytime Phone #

**04-03-01 (305) 205-6702**

CR2E034 (10/00)