

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90118 002 ***158.75

DOCUMENT # P98000043842

1. Entity Name
BODY PRODUCTS INC.



Principal Place of Business
**11000 N.W. 32ND AVENUE
MIAMI FL 33167**

Mailing Address
**11000 N.W. 32ND AVENUE
MIAMI FL 33167**

11011143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0843133

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

**SALAMA, ALBERTO M T
3804 SW 53RD CT
HOLLYWOOD FL 33312**

Name
SALAMA, ELIAS M T

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

3804 SW 53rd. Ct

City
Hollywood

FL

Zip Code
33312

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.

ELIAS SALAMA - PRESIDENT

4-4-2003

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	SALAMA, ELIAS M T	
STREET ADDRESS	3804 SW 53RD CT	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENSABAT, JOSEPH	
STREET ADDRESS	3801 NE 207 ST. # 801	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALAMA, SAMUEL M T	
STREET ADDRESS	19111 COLLINS AVE #904	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	SALAMA, ALBERTO M T	
STREET ADDRESS	401 HOLIDAY DR.	
CITY-ST-ZIP	HALLANDALE FL 33009	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIAS SALAMA

4-4-2003

Date

(305)953-7802

Daytime Phone #

CR2E034 (10/02)