

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024721

1. Entity Name

BEST BODIES INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90113 021 \*\*\*150.00

Principal Place of Business

Mailing Address

310 SE 6 STREET  
 POMPANO BEACH FL 33060

310 SE 6 STREET  
 POMPANO BEACH FL 33060-8422

2. Principal Place of Business

1926 VAN BUREN ST

3. Mailing Address

1926 VAN BUREN ST, #1

Suite, Apt. #, etc.

SUITE #1

Suite, Apt. #, etc.

SUITE

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

650915695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MCKEOWN, BUTCH  
 310 SE 6 STREET  
 POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

BUTCH MCKEOWN

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

1926 VAN BUREN STREET, SUITE 1

HOLLYWOOD FL 33020

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

*BUTCH MCKEOWN* BUTCH MCKEOWN

2-28-00

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, 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

TITLE D ☐ Delete  
 NAME MCKEOWN, BUTCH  
 STREET ADDRESS 310 SE 6 STREET  
 CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition  
 NAME MCKEOWN, BUTCH  
 STREET ADDRESS 1926 VAN BUREN STREET, SUITE #1  
 CITY-ST-ZIP HOLLYWOOD FL 33030

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

*BUTCH MCKEOWN* BUTCH MCKEOWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

954 929 8275

Daytime Phone #

CR2E034 (9/99)