

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000030003**1. Entity Name
BAD GIRLS INC**Principal Place of Business**

11690 CANAL DR

NORTH MIAMI
33181

FL

Mailing Address

11690 CANAL DR

NORTH MIAMI
33181

FL

2. Principal Place of Business

17160 WEST DIXIE HIGHWAY

3. Mailing Address

17160 WEST DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH

FL

City & State

NORTH MIAMI BEACH

FL

Zip
33160

Country

Zip
33160

Country

4. FEI Number**65-0909916**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SIMON SANFORD**
11690 CANAL DRNORTH MIAMI
33181

FL

7. Name and Address of New Registered Agent**Name****SAKA SANDY**Street Address (P.O. Box Number is Not Acceptable)
17160 WEST DIXIE HIGHWAYCity
NORTH MIAMI BEACH

FL

Zip Code
33160

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 **SANDY SAKA**

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

(NOTE: Registered Agent signature required when reinstating)

01/18/2001

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, 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	D	<input type="checkbox"/> Delete
NAME	SIMON BECKY	
STREET ADDRESS	11690 CANAL DR	
CITY-ST-ZIP	NO MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON REINA	
STREET ADDRESS	11690 CANAL DR	
CITY-ST-ZIP	NO MIAMI FL 33181	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIMON SANFORD	
STREET ADDRESS	11690 CANAL DR	
CITY-ST-ZIP	NO MIAMI FL 33181	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTER BECKY	
STREET ADDRESS	17160 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON REINA	
STREET ADDRESS	17160 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKA SANDY	
STREET ADDRESS	17160 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
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: Sandy Saka

D

01/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)