

# 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 FL 33181	Mailing Address 11690 CANAL DR  NORTH MIAMI FL 33181
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2. Principal Place of Business 17160 WEST DIXIE HIGHWAY	3. Mailing Address 17160 WEST DIXIE HIGHWAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NORTH MIAMI BEACH FL	City & State NORTH MIAMI BEACH FL
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4. FEI Number <b>65-0909916</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33160	Country	Zip 33160	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SIMON SANFORD**  
**11690 CANAL DR**  
  
**NORTH MIAMI FL 33181**

Name  
**SAKA SANDY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17160 WEST DIXIE HIGHWAY**  
  
 City  
**NORTH MIAMI BEACH FL 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**

**01/18/2001**

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D NAME SIMON BECKY STREET ADDRESS 11690 CANAL DR CITY-ST-ZIP NO MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE D NAME SIMON REINA STREET ADDRESS 11690 CANAL DR CITY-ST-ZIP NO MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE P NAME SIMON SANFORD STREET ADDRESS 11690 CANAL DR CITY-ST-ZIP NO MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE D NAME FENSTER BECKY STREET ADDRESS 17160 WEST DIXIE HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SIMON REINA STREET ADDRESS 17160 WEST DIXIE HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SAKA SANDY STREET ADDRESS 17160 WEST DIXIE HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (1/1/00)