


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90045 025 ***150.00

DOCUMENT # **P99000031764**

1. Entity Name

MENA's Body Work Corp. 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8040 NW 103 ST #44

3. Mailing Address

8040 NW 103 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#44

DO NOT WRITE IN THIS SPACE

City & State

Hialeah Gardens, FLA

City & State

Hialeah Gardens, FLA

4. FEI Number

65-0903602

Applied For

Not Applicable

Zip **33018**

Country **USA**

Zip **33018**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MENA, Modesto

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

264 W 17 ST

City

Hialeah

FL

Zip Code

33010

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **DPST**
NAME **MENA, Modesto**
STREET ADDRESS **853 E 32 ST**
CITY - ST - ZIP **Hialeah, FL 33013**

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IN THIS SPACE**

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/03 (305) 698-8736

Date

Daytime Phone #

CR2E034B (12/02)