

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042496

1. Entity Name

PLA BODY & SHOP, INC.

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

08-14-2000 90002 021 \*\*\*150.00

Principal Place of Business

1050 SE 5TH STREET #9  
HIALEAH FL 33012

Mailing Address

1050 SE 5TH STREET #9  
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-0918499

Applied For

Not Applicable

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

LANTIGUA, JUAN F  
1050 SE 5TH STREET #9  
HIALEAH FL 33012

Name

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

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME LANTIGUA, JUAN F  
STREET ADDRESS 1050 SE 5TH STREET #9  
CITY-ST-ZIP HIALEAH FL 33012

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 ☐ 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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/10/00  
Date

Daytime Phone #

CR20034 (5/00)

TO WHOM IT MAY CONCERN

Attachment 081400  
DH990004296  
0078729

I JUAN LANTIGUA PRESIDENT PLA BODY & SHOP, INC. MI CORPORATION IS OPEN MAY 11 1999 YEAR I HAD BEEN PROBLEMS WITH THE MAIL AND ALSO THE LACK DE MY EXPERIENCE SINCE HAS NEVER HAD BUSINESS I THOUGHT THAT I HAD TO HAVE ONE YEAR SINCE OPENED UP TO THE PAYMENT OF THE 1 MAY WHEN NOT RECEIVING UNIFORM BUSINESS REPORT I DIDN'T THINK THAT DIDN'T HAVE TO PAY IT I WAIT THEY EXCUSE ME HERE I SEND THEM THE PAYMENT OF 150.00 DOLLARES. FOR NEXT YEAR THIS WON'T HAPPEN SINCE I GO TO MAKE THE PAYMENT BEFORE THE DAYS 1 MAY.

JUAN LANTIGUA  
OWNER

