

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90805 043 ***150.00

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DOCUMENT # P99000049325

1. Entity Name
BODY SPA ONE PRODUCTS INC.



Principal Place of Business
**108 SOUTH MIAMI AVE., STE. 300
MIAMI FL 33130**

Mailing Address
**108 SOUTH MIAMI AVE., STE. 300
MIAMI FL 33130**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0934713**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGELINI, CHRIS
888 BRICKELL KEY DR., #605
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	P			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ANGELINI, CHRIS				
	888 BRICKELL KEY DR #605				
	MIAMI FL 33131				
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)