

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91521 050 ***150.00

DOCUMENT # **P99000069388**

1. Entity Name

New Body, Inc.

045045

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22191 Powerline Rd.

Suite, Apt. #, etc.

Suite 16B

City & State

Boca Raton, FL

Zip

33433

Country

3. Mailing Address

22191 Powerline Rd

Suite, Apt. #, etc.

Suite 16B

City & State

Boca Raton FL

Zip

33433

Country

4. FEI Number

65-0944957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name

Amber Barrett

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

3200 N. Military Trail

Suite 201

City

Boca Raton

FL

Zip Code

33431

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **Amber Barrett**
STREET ADDRESS **377203 Arbor Club Way**
CITY-ST-ZIP **Boca Raton, FL 33493**

TITLE **President**
NAME **Amber Barrett**
STREET ADDRESS **522 Woodbine Ave.**
CITY-ST-ZIP **Warberth PA 19072**

TITLE **Warberth PA 19072**

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: **Amber Barrett**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

4-19-02 (CCL)
(561) 702-3704
Date Daytime Phone

CR2E034B (12/01)