## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # OCICIDARD ACCOUNTS						FILED			
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Principal Place o	S.W. 57th AVE	Mailing Address				Mercal Menas			
BODY RE	EGENERATION MEDICAL	NIF							
1978	S. W. 3 7 11 VE	·						i .	
MIAMI	, FC 33155				_				
2. Principal Plac	e of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEJ			plied For	
7in Country		Zip Country		D/		5-096035 o	\$8.75 Add	t Applicable	
Zip	Zip Country		Zip Godiniy			ificate of Status Desired	Fee Require		
	6. Name and Address of Current R			Name 4.		e and Address of New Reg		——-	
ALCIEN	PAEPA	Abrina la	total.	ALI	CKED				
BODY REGENERATION MEDICAL CENTER Street Address (P.O. BOXN BODY REGENTE 1918 S.W. 57th AVENUE 1918 S.W.						Number is Not Acceptable)	icac Centr	FL	
1918 S.W. 37 M HVENUE 1918-					5.W	. 57th AVE	NUE		
MIAM	11, FL 33155	-		City N/i	ANI		FL Zip Cod	5.5	
8. The above na	arried entity submits his statement for	the purpose of changing its	registere	d office or regist	ered agent	or both, in the State of Florid			
		•	رم	MIAA K	2000	•	9/26/pp		
SIGNATURE Sig	gnature, typed or printed name of registered agent an	nd title if applicable. (NOT	E: Registered	i Agent signature requi	red when reinsta	ting)	DATE		
9 This cornoral	tion is eligible to satisfy its Intangible	FILE NOW	III FEE	S \$550.00		6 Fleeting Compaign Finan	oina AF O	0.44	
Tax filling req	quirement and elects to do so.	After SEPTEMBER	13, 2000	Min. will be \$7	50.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	· Added	May Be to Fees	
11.	on back) U	Make Check Paya	12.	and the substitute of the subs	en about a star-	, NONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 11	
TITLE A	PRESIDENT	Delete	TITLE	P=F	71251	SEALT-	Channa	Addition	
NAME A	ALCIRA PARKA 1918 S.W. 57 th	AUX.	NAME	A A	FRED	VAZQUEZ S.W. 57+4	AINT.		
	MIAMI FL 3315.	_		ET ADORESS /	IIAN	, FL 33/3	750	☐ Addition	
TITLE	primir , re 3515.	☐ Delete	TITLE		17 77 7	<del>,</del>	☐ Change	Addition	
NAME			NAME	•		1000034	23541-	5	
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STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST-ZIP			Chann	- Addition	
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CITY-ST-ZIP			CITY-	ST-ZIP					
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TITLE	·	☐ Delete	TITLE		<u></u> :	. 83	☐ Change	☐ Addition	
NAME			NAM				•		
STREET ADDRESS				ET ADDRESS ST-ZIP	•	Care water and the second			
CITY-ST-ZIP	rife that the information of the surf	the filing does not smallful.			Section 110	07(3)(i) Florida Statutas 16	irther certify that the in	nformation	
indicated or	rtify that the information supplied with in this report or supplemental report is oration or the receiver of trustee embor	true and accurate and that	my signat	ure shall have th	e same leg	.or(a)(i), Florida Statutes. Tit al effect as if made under oat Statutes: and that my name (	th; that I am an officer	or director	
of the corpo changed, or	pration or the receiver of trusteelembo r on an attachment with an address. W	we ed to execute this repor ith all other like empowered	ı as requir 1.	eu by Chapter 6	·	oracutes, and that my name a	- >	. 3.000 (21)	
010111	\	// 21	rat.	LAZQUE	ルフ	9/20/00 (	205) 261-4	1420	
SIGNATU	JRE:	<u> </u>	r Ke L	> INTENDE	CC	Dolo .	Opulumo Phono #	100	