

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102734

1. Entity Name

R.L.A. BODY SHOP CORPORATION

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90103 016 ***550.00

Principal Place of Business

3901 S OCEAN DR., #11X
 HOLLYWOOD FL 33019

Mailing Address

3901 S OCEAN DR., #11X
 HOLLYWOOD FL 33019

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

605-0967061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, REBECCA
 1691 W 37TH ST, UNIT 31
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name Rebecca Vazquez
 Street Address (P.O. Box Number is Not Acceptable)
2440 W. 80th St, Bay 7
 City Hialeah **FL** Zip Code 33016

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 PST ☐ Delete
 NAME SAN JORGE, JORGE F
 STREET ADDRESS 3901 S OCEAN DR., #11X
 CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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 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

7/18/00

(305) 556-4555

CR2E034 (5/00)