FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # V27706 1. Entity Name PREMIERE BODY STOP, INC.		•			Feb 03, 2001 8:00 am Secretary of State 02-03-2001 90299 036 ***150.00				
Principal Place of Business Mailing Address 4561 N.W. 8TH AVENUE 4561 N.W. 8TH AV OAKLAND PARK FL 33309 OAKLAND PARK F									
2. Principal f 500 Suite, Apt	Place of Business North Federal Hwy .#, etc.	3. Mailing Address 500 North Suite, Apt. #, etc.	Rederal Hwy		DO NOT WRITE IN THIS SPACE				
	te puno Beach FL	Pomparo Bear	x FL	4. FEI Nu	umber 65-0325877	,		oplied For ot Applicable	
Zip	Country	Zip 33064	Country	5. Certifi	cate of Status Desired		.75 Ado		
	6. Name and Address of Current Re	egistered Agent		7. Name	and Address of New Re			-	
۔ سید		**************************************	Name						
5309	SON, CARL 9 FLAMINGO PLACE CONUT CREEK FL 33073		Street Address	s (P.O. Box Nu	umber is Not Acceptable)			
			City	· · · · · ·	J.	FL	Zip Code	е	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW! After MAY 1, 200			FEE IS \$150.00 Fee will be \$550.00 to Department of S	10.	Election Campaign Fina Trust Fund Contribution	· -		May Be	
11.	OFFICERS AND D	RECTORS	12.	ADDITIC	NS/CHANGES TO OFFI	CERS AND DII	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOBSON, CARL W 5309 FLAMINGO PLACE COCONUT CREEK FL 33073	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T JOBSON, SUMMER 5309 FLAMINGO PLACE COCONUT CREEK FL 33073	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Vobson-Summer 5309 Flamingo Pl Coconut Creek FL 3307	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
of the cor	certify that the information supplied with the on this report or supplemental report is troporation or the receive or trustee empowers or on an attachment with an address, with	ue and accurate and that my : ered to execute this report as	e exemption stated in Signature shall have the required by Chapter 60	Section 119.07 e same legal e 07, Florida Sta	(3)(i), Florida Statutes. I iffect as if made under of tutes; and that my name	further certify t ath; that I am a appears in Blo	hat the in n officer ock 11 or	iformation or director Block 12 if	