## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P01000109476 **DOCUMENT #**



## **FILED** Feb 14, 2003 8:00 am Secretary of State

1. Entity Name VITAMINSUPPLIERS.COM INC.							02-14-2003 90204 004 ***150.00					
Principal Place of Business 2300 NE 196TH ST MIAMI FL 33180			Mailing Address 2300 NE 196TH ST MIAMI FL 33180									
2. Principal Place of Business			3. Mailing Address				]	110; 110)) paha 101	,11 BIBN 1801	U DIHI 1001		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			- City & State -			4,4,6		02-0565848			lied For Applicable	•
Zip Country			Zip	p Count		try	5. Certificate of Status Desired Fee F		<b>75</b> Additional Required			
6. Name and Address of Current Registered Agent							7. Na	ame and Address of New Rec	istered Agen	<u>1</u>		
						Name		,				
PANIRY, H						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL												
ئو						City			rL	Zip Code		
8. The above	e named entity s	submits this statement fo	r the purpos	e of changing its	register	ed office or regis	tered age	nt, or both, in the State of Flori	da. I am famili	iar with, a	nd accept	
SIGNATURE	_								DATE			
BIGITATIONE	Signature, typed or	printed name of registered agent	and title if applica	ble. (NOTI	E: Registere	ed Agent signature requ	ired when rei	nstating)				
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	f State					<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>			May Be to Fees	
	K Payable (U	OFFICERS AND			11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTORS	IN 11	ĺ
10.	PD	OFFICERS AND	DIRECTOR	Delete	TITL					Change	Addition	8
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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.

O3 305 935/14/