

FILED
Aug 20, 2003 8:00 am
Secretary of State

07-17-2003 90032 047 ***150.00

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

DOCUMENT # P02000088641

1. Entity Name
AMERICAN SUPPLEMENTS DIST. INC.



Principal Place of Business
211 BANYAN LANE
TAVENIER FL 33070

Mailing Address
211 BANYAN LANE
TAVENIER FL 33070

55054580

2. Principal Place of Business

212 BANYAN LANE

Suite, Apt. #, etc.

212

3. Mailing Address

212 BANYAN LANE

Suite, Apt. #, etc.

212

☐ CHECK HERE IF MAKING CHANGES

City & State

TAVENIER FL

City & State

TAVENIER FL

4. FEI Number

36-0711105

Applied For

Not Applicable

Zip

33070

Country

USA

Zip

33070

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARA, INOVA
211 BANYAN LANE
TAVENIER FL 33070

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lara Inova

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LARA, INOVA
211 BANYAN LANE
TAVENIER FL 33070

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MORERA, ERNESTO
211 BANYAN LANE
TAVENIER FL 33070

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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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/03

305-852-9017

Date

Daytime Phone #

CFR2034 (4/03)

Attachment

55054580

PO 2000088641

AMERICAN SUPPLEMENTS DISTRIBUTORS.

212 Banyan Lane, Tavernier, FL
Ph 305-852-9017.

FLORIDA DEPARTMENT OF STATE..

Division of Corporations

Uniform Business Report Filings.

July 5, 2003

Dear Clerk:

This is the first form of this type that American Supplements Distributors has ever received. If your office did send a previous one to our old address 211 Banyan Lane, it never got to our hands, even when we are across the street.

We are sending you \$150.00 at this time, but please take a note and change our Mailing address in your records for the near future.

Thank You.

IN GOD WE TRUST.

Inova Lara

Inova Lara
President ASD.