

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90056 023 \*\*\*150.00

**DOCUMENT # P96000004858**

1. Entity Name

**NUTRI-CEUTICALS, INC.**

Principal Place of Business

Mailing Address

2101 NW 33RD STREET, STE. 2000A  
 POMPANO BEACH FL 33069

2101 NW 33RD STREET, STE. 2000A  
 POMPANO BEACH FL 33069-5906

2. Principal Place of Business

**243 GOOLS BY BLVD.**

3. Mailing Address

**243 GOOLS BY BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**DEERFIELD BEACH, FL**

City & State

**DEERFIELD BEACH, FL**

4. FEI Number

**65-0638932**

Applied For

Not Applicable

Zip

**33442**

Country

**USA**

Zip

**33442**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERKOWITZ, BARRY**  
 2101 NW 33RD STREET  
 SUITE 2000-A  
 POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name **BERKOWITZ BARRY J.**

Street Address (P.O. Box Number is Not Acceptable)  
**243 GOOLS BY BLVD.**

City **DEERFIELD BEACH, FL**

Zip Code **33442**

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BERKOWITZ, BARRY J</b>	
STREET ADDRESS	<b>2101 NW 33RD STREET, SUITE 2000A</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEINBERG, MELVYN</b>	
STREET ADDRESS	<b>2101 NW 33RD STREET, SUITE 2000A</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERKOWITZ, BARRY J.</b>	
STREET ADDRESS	<b>243 GOOLS' BY BLVD.</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

Date

**4/24/00**

Daytime Phone #

**954-582-5820**

CR2E034 (9/99)