2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90042 004 ***150.00

DOCUMENT # 586277

1. Entity Name

NUTRIENTS BEST, INC.

Principal Place of Business	Mailing Address
5105 NW 159 ST HIALEAH FL 33014	~~5105 NW 159 ST~~ ~~HIALEAH FL 33014~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	9990 S.W. 77 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 330
City & State	City & State Miami, FL
Zip / Country	Zip 33156-2699 / Country USA

4. FEI Number 59-1860341 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARGOLIS, JOHN A.
~~7015 GLENNEAGLE DR~~
~~MIAMI LAKES FL 33014~~

7. Name and Address of New Registered Agent

Name John A. Margolis, Esq.
Street Address (P.O. Box Number is Not Acceptable) 9990 S.W. 77 Avenue
Suite 330
City Miami FL Zip Code 33156-2699

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] 1/21/00
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 $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	P	☐ Delete
NAME	RODRIGUEZ, CARLOS J.	
STREET ADDRESS	7015 GLENN EAGLE DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SD	☐ Delete
NAME	RODRIGUEZ, JUANITA DIAZ	
STREET ADDRESS	7015 GLENN EAGLE DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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] Juana Rodriguez, Secretary 1/20/00 (305) 624-5557 x200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E014 (9/99)