

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90055 015 ***150.00

DOCUMENT # F95000006239
 1. Entity Name
ADVANCED NUTRITIONAL RESEARCH, INC.

Principal Place of Business 5521 N. MILITARY TRAIL, APT. #1103 BOCA RATON FL 33496	Mailing Address 5521 N. MILITARY TRAIL, APT. #1103 BOCA RATON FL 33496-3432
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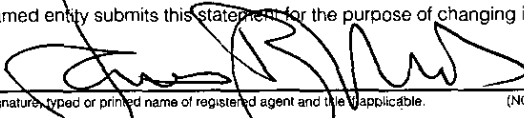
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 338 PRESTON I Suite, Apt. #, etc. BOCA RATON FL City & State 33434 Zip 338 Country FL	3. Mailing Address 338 PRESTON I Suite, Apt. #, etc. BOCA RATON FL City & State 33434 Zip 338 Country FL
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4. FEI Number 93-1134386	Applied For <input type="checkbox"/> Not Applicable
5. "Certificate of Status" Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BRALY, JAMES MD
5521 N. MILITARY TRAIL, APT. #1103
BOCA RATON FL 33496

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
338 PRESTON I
BOCA RATON FL
 City
FL Zip Code
33434

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  DATE **1/28/2000**
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PDST BRALY, JAMES L MD 5521 N. MILITARY TRAIL, APT. #1103 BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 338 PRESTON I BOCA RATON 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE **1/28/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR