2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # F9900001504 NUTRIO.COM, INC. 01-26-2000 90184 046 ***150.00 Principal Place of Business Mailing Address 21218 ST. ANDREWS BLVD., STE. 101 21218 ST. ANDREWS BLVD., STE. 101 **BOCA RATON FL 33433-2435 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 2500 Wester 2500 Weston Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 402 402 Weston Applied For City & State 4. FEI Number 65-0885927 orida Not Applie \$8.75 Additional 5. Certificate of Status Desired 33331 3331 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Stephen PADVEEN, STEWART Street Address (P.O. Box Number is Not Acceptable) 21218 ST. ANDREWS BLVD., STE. 101 **BOCA RATON FL 33433** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CEO ☐ Change E_dea | 1000 PC X Delete TITLE Rattner Stephen Rather 2500 Wester Road - Ste 402 PADVEEN, STEWART NAME STREET ADDRESS 21218 ST. ANDREWS BLVD., STE. 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOCA RATON FL 33433 ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ • JJ. 12. Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.