

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 31, 2000 8:00 am**
Secretary of State

05-31-2000 90103 036 ***150.00

DOCUMENT # **K55780**
1. Entity Name
DISCOUNT VITAMINS, INC.Principal Place of Business Mailing Address
21205 N.E. 37 AVE, #904
AVENTURA, FL. 331802. Principal Place of Business 3. Mailing Address
21205 N.E. 37 AVE #904
Suite, Apt. #, etc. **904** Suite, Apt. #, etc.
City & State **AVENTURA** City & State
Zip **33180** Country **USA** Zip Country**00057815**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0088639** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
RITA FRIEDMAN
21205 NE 37 AVE. #904
AVENTURA, FL. 33180
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **RITA FRIEDMAN**
CITY-ST-ZIP **21205 NE 37 AVE. #904**
AVENTURA, FL. 33180
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
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TITLE ☐ Delete
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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
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NAME
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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: **Rita Friedman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **5/7/00** (305) 105-0031

CR2E034 (9/99)