

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90138 004 ***150.00

0307985 AV

DOCUMENT # K55780

1. Entity Name
DISCOUNT VITAMINS, INC.



Principal Place of Business
21205 YACHT CLUB DR., #904
AVENTURA FL 33180
US

Mailing Address
21205 YACHT CLUB DR., #904
AVENTURA FL 33180
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0088639**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, RITA
21205 YACHT CLUB DR., #904
AVENTURA FL 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDMAN, RITA 21205 YACHT CLUB DR., #904 AVENTURA FL 33180	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

5/20/03
Date

(305) 705-0031
Daytime Phone #

CR2E034 (10/02)

Attachment #
90137496

Division Of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

May 20, 2003

Discount Vitamin, Inc.
21205 Yacht Club Drive, #904
Aventura, Florida 33180
Document #K55780
FEI # 65-0088639

Dear Sir:

I spoke to your employee, Mario today; he suggested I send in the payment of \$150.00, after explaining that I live in a Condominium with 288 occupants. I was contacted that mail was sent to another condo owner; and just given to the front desk.

It was the yearly report. I didn't pay attention to the missing mail as I was in the process of decision making to stop my business. If I can pay the \$150, I will keep the corporation going, with the option to use it if I decided to re-open again.

Thank you for your time and attention.

Very truly yours,



Rita Friedman, President