

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93317

1. Entity Name
NUTRITION GOD'S WAY, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

04-26-2000 90088 016 ***150.00

Principal Place of Business
8639 SOUTHAMPTON DR.
MIRAMAR FL 33025

Mailing Address
8639 SOUTHAMPTON DR.
MIRAMAR FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0143229

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

ARTHUR, GWENDOLYN
2150 NW 135TH ST
MIAMI FL 33167

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 AD
NAME WILLIAMS, CHERYL
STREET ADDRESS 8639 SOUTHAMPTON DR.
CITY-ST-ZIP MIAMI FL 33025

TITLE Director
NAME Gwendolyn Arthur
STREET ADDRESS 8639 Southampton Dr
CITY-ST-ZIP Miramar FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Gwendolyn Arthur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 10/2000
Date Daytime Phone #

CR2E034 (5/00)

Doc # K93317
19596

Nutrition God's Way, Inc.
8639 S. Hampton Drive
Miramar, FL 33025
August 10, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

DOCUMENT # K93317

Second notice received for 2000 Uniform Business Report for corporation Nutrition God's Way, Inc. Requesting that second notice filing CD be waived, because letter for correction from your office was not received for correction for officer in charge, however, my check for \$150.00 was cashed. Please make the necessary corrections
Thank you.

I remain,


Dr. Gwendolyn Arthur, Ph.D.
Director