2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



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FILED Mar 28, 2003 8:00 am Secretary of State

1. Entity Name NUTRATECKNOWLEDGIES, LLC							03-17-2	:003 9000:	3 045 **	***50.00	
Principal Place of Business 7500 SW 87TH AVNEUE. SUITE 202 MIAMI FL 33173 2. Principal Place of Business			Mailing Address 7500 SW 87TH AVNEUE, SLITE 202 MIAMI FL 33173 3. Mailing Address								
Suita, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State	City & State		4. FEI Num	65-103	4145		pplied For lot Applicable	
Zip		Country	Zip	Coun	ntry		te of Status Desired	_	5.00 Ac		
	6. Name a	ind Address, of Current	Registered Agent		,	7. Name ar	nd Address of New	Registered A	gent]_
~DA	CTEDMACK*1	ANDOLIATIO D'O'A			Name			حصيد يحتين	-قنت		1=
- PASTERNACK, MARSHALL R P.A. 200 SOUTH BISCAYNE BOULEVARD, SUITE 2500 MIAMI FL 33131					Street Address (P.O. Box Num	ber is Not Acceptabl	e)			
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8. The above named entity submits this statement for the purpose of changing its re					City			FL	Zip Cod	J	
the obliga	tions of register	submits inis statement to red agent.	r the purpose of changir	ng its registere	ed office or register	ed agent, or b	oth, in the State of Fi	orida. Iam fa	miliar with	and accept	1
											1
SIGNATURE	Signature, typed or		and title if applicable	(NOTE: Bacisterer	d Anent vinneh de den úred	when reinstations		DATE			
SIGNATURE	Signature, typed or	printed name of registered agent (d Agent signature required	when reinstating)		DATE			
SIGNATURE	Signature, typed or		FILE	E NOW!!! F	FEE IS \$50.00 orlda Departmer			DATE			
SIGNATURE 9.	Signature, typed or		FILE Make Check Pa	E NOW!!! F	FEE IS \$50.00 orlda Departmer		ADDITIONS				
	Ace el de	printed name of registered agent of the second sec	Make Check Pa	E NOW!!! Fayable to Flo Due By Ma	FEE IS \$50.00 orlda Departmen ay 1, 2003		ADDITIONS	/CHANGES	Chance	☐ Addition	22)
9.	Ace el de	printed name of registered agent of the second sec	Make Check Pa	E NOW!!! Flayable to Flo Due By Ma	FEE IS \$50.00 orlda Departmen ay 1, 2003		ADDITIONS	/CHANGES	☐ Change	☐ Addition	10/02)
9. TITLE NAME STREET ADDRESS	Areside Schwa	MANAGING MEMBE TZ, Howard w 57 Ave	RS/MANAGERS Delete	E NOW!!! Flayable to Flo Due By Ma 10. TRILE NAME STREE	FEE IS \$50.00 orlda Departmen ay 1, 2003		ADDITIONS	/CHANGES	☐ Change	Addition	33 (10/02)
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SICHATERE TEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE