

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 91163 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **468043** ✓

1. Entity Name

Conal Creek Nutrition, Inc

DO NOT WRITE IN THIS SPACE

36076

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

65-0195893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rodriguez, Miguel J

Street Address (P.O. Box Number is not Acceptable)

4801 S University Dr. STE 3000

City

Davie

FL

Zip Code

33325

DO NOT WRITE
IN THIS SPACE

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

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	<i>P</i>	TITLE	
NAME	<i>Vigilante Bernando</i>	NAME	
STREET ADDRESS	<i>6582 N. State Rd 7</i>	STREET ADDRESS	
CITY - ST - ZIP	<i>COCONUT CREEK, FL 33073</i>	CITY - ST - ZIP	
TITLE	<i>S</i>	TITLE	
NAME	<i>Vigilante Rogelio</i>	NAME	
STREET ADDRESS	<i>6582 N. State Rd 7</i>	STREET ADDRESS	
CITY - ST - ZIP	<i>COCONUT CREEK, FL 33073</i>	CITY - ST - ZIP	
TITLE	<i>T</i>	TITLE	
NAME	<i>Vigilante Sergio</i>	NAME	
STREET ADDRESS	<i>6582 N. State Rd 7</i>	STREET ADDRESS	
CITY - ST - ZIP	<i>COCONUT CREEK, FL 33073</i>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Bernando Vigilante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02

954-680-6114