

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90111 017 \*\*\*150.00

**DOCUMENT # M00540**

1. Entity Name

**B & B NUTRITION, INC.**

Principal Place of Business

7107 W BROWARD BLVD  
PLANTATION FL 33317  
US

Mailing Address

7107 W BROWARD BLVD  
PLANTATION FL 33317  
US

2. Principal Place of Business

6923 W. BROWARD BLVD

Suite, Apt. #, etc.

PLANTATION

City & State

FL 33317

Zip

Country

USA

3. Mailing Address

6923 W. BROWARD BLVD

Suite, Apt. #, etc.

PLANTATION

City & State

FL

Zip

33317

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2423647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, BARBARA  
2050 NW 88TH TERRACE  
PEMBROKE PINES FL 33024

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 \$150.00**  
**After May 1, 2002 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 PD  
NAME HARTMAN, BARBARA  
STREET ADDRESS 7107 W BROWARD BLVD  
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE STD  
NAME HARTMAN, BENJAMIN  
STREET ADDRESS 7107 W BROWARD BLVD  
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE DV  
NAME HARTMAN, BARRY  
STREET ADDRESS 7107 W. BROWARD BLVD  
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE D  
NAME HARTMAN, JULIE L  
STREET ADDRESS 7107 W BROWARD BLVD  
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BARBARA HARTMAN ☒ Change ☐ Addition  
STREET ADDRESS 6923 W. BROWARD BLVD  
CITY-ST-ZIP PLANTATION FL 33317

TITLE STD  
NAME BENJAMIN HARTMAN ☒ Change ☐ Addition  
STREET ADDRESS 6923 W. BROWARD BLVD  
CITY-ST-ZIP

TITLE DV  
NAME HARTMAN BARRY ☒ Change ☐ Addition  
STREET ADDRESS 6923 W. BROWARD BLVD  
CITY-ST-ZIP

TITLE D  
NAME JULIE PICKAREL ☒ Change ☐ Addition  
STREET ADDRESS 6923 W. BROWARD BLVD  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Barbara Hartman BARBARA HARTMAN 4/8/02 954 587 5132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)