

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

0073768

**DOCUMENT # N98000001177**

1. Entity Name

**UNLIMITED STRENGTHS, INC.**

05-01-2002 91537 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1600 SW 1ST AVENUE  
 #6BN  
 MIAMI FL 33129**

**PO BOX 453906  
 MIAMI FL 33245-3906**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0865154**

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

7. Name and Address of New Registered Agent

**BRIGGS, PAUL C  
 1600 SW 1ST AVENUE  
 #6BN  
 MIAMI FL 33129**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>CD</b> <b>BRIGGS, PAUL C</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1600 SW 1ST AVENUE, #6BN MIAMI FL 33129</b>	
TITLE NAME	<b>CT</b> <b>SCHWARTZ, STEPHANIE A</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2513 PINOAK DRIVE HICKORY NC 28602</b>	
TITLE NAME	<b>SD</b> <b>MEDORE, MARK</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>11001 NE 8TH COURT BISCAYNE PARK FL 33161</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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 617, 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: *Paul G Briggs* R. BRIGGS  
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (305) 857-6981  
 Date Daytime Phone #

CR2E037 (9/01)