## 5/1 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N99000003628** Jun 21, 2000 8:00 am Secretary of State 1. Entity Name NUTRITION SUPERSTORES COM FOUNDATION INC. 05-17-2000 90953 035 \*\*\*\*61.25 Principal Place of Business Mailing Address 3600 INVESTMENT LANE 3600 INVESTMENT LANE SUITE 102 SUITE 102 WEST PALM BEACH FL 33404-1753 WEST PALM BEACH FL 33404 our that a chill all mo 2. Principal Place of Business Mailing Address at office a DO NOT WRITE IN THIS SPACE Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Zip Country Ζiρ Country 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORPORATE CREATIONS ENTERPRISES, INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139 Zio Code City F١ 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.

|  | FILE NOW:<br>FEE IS \$61.25  | Election Campalgn Fit     Trust Fund Contribution               |  | \$5.00 May Be<br>Added to Fees  | Make Check Payable to<br>Department of State   |  |
|--|--|---|--|---|--|--|
| 10.                                    | OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    |   |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DENNIS-LEIGH, ROBERT<br>3600 INVESTMENT LANE<br>WEST PALM BEACH FL 33404  | ☐ Delete  | -TITLE NAME STREET ADDRESS CITY-ST-ZIP                   | Doloszcz<br>3600 Inves<br>West Inda   | uk, JERRY. Change thank Lane u Beach Fr. 33404   | Addition (3/8)                             |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MUSSO, TONY<br>3600 INVESTMENT LANE<br>WEST PALM BEACH FL 33404  | ☐ Oelele  | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                 |   | ······································   | □ Addition · Ö ·                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP: | D<br>SISSON, ALAN, M.D.<br>3600 INVESTMENT LANE<br>WEST PALM BEACH FL 33404  | Delete  | NAME STREET ADDRESS                                      |   | ☐ Change   | Addition                                   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | Deiete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                    | ·   | ☐ Change   | ☐ Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                    |   | ☐ Change   | Addition                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                    |   | ☐ Change   | Addition                                   |
| indicated<br>of the cor                | certify that the information supplied with to<br>on this report or supplemental report is to<br>poration or the receiver of trustee empover, or on an attachment with an address, wi | rue and accurate and that my<br>vered to execute this report as | ne exemption sta<br>signature shall h<br>required by Cha | ted in Section 119.07(3)(inave the same legal effect<br>apter 617, Florida Statutes | i), Florida Statutes. I further certify that the tas if made under oath; that I am an office s; and that my name appears in Block 10 c | oformation<br>or director<br>r Block 11 if |

SIGNATURE: \_

561-842-1111