

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90036 023 \*\*\*150.00

DOCUMENT # P000000021175  
1. Entity Name Health Quest Distributors Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business Health Quest Distributors Inc. 3. Mailing Address 1121 S. Military Tr. #269  
Suite, Apt. #, etc. 1121 S. Military Tr. #269 Suite, Apt. #, etc. #269  
City & State DEERFIELD BEACH, FL City & State DEERFIELD BEACH, FL  
Zip 33442 Country USA Zip 33442 Country USA

**80058829**  
DO NOT WRITE IN THIS SPACE

4. FEI Number 650990218 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Christine A. Rybka  
Street Address (P.O. Box Number is Not Acceptable) 14 Farrey Lane  
City Miami Beach FL Zip Code 33139

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 Christine A. Rybka 03/21/02  
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 \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PNFIS/DIC/M</u> <u>CHRISTINE A. Rybka</u> <u>14 Farrey Lane</u> <u>Miami Beach, FL 33139</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Christine Rybka 3/20/02 9548032492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)