

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042794

1. Entity Name
NUTRITION MASTER, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90467 014 ***150.00

Principal Place of Business
100 LINCOLN ROAD STE 524
MIAMI BEACH FL 33139

Mailing Address
P.O. BOX 490382
KEY BISCAYNE FL 33149

UUUJ0187



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
145 MADEIRA AVE

3. Mailing Address
P.O. BOX 142134

Suite, Apt. #, etc.
206

Suite, Apt. #, etc.

City & State
CORAL GABLES

City & State
CORAL GABLES

4. FEI Number
65-1002220

Applied For
Not Applicable

Zip
FL

Country
33134

Zip
FL

Country
331

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

FERNANDEZ, EDUARDO
100 LINCOLN ROAD STE 524
MIAMI BEACH FL 33139

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, EDUARDO 100 LINCOLN ROAD STE 524 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, DANIEL 100 LINCOLN ROAD STE 524 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO FERNANDEZ

Date

04-28-01

Daytime Phone #

(305) 774-0444

CR2E034 (10/00)