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

FILED Jun 18, 2002 8:00 am

	JMENT #	QQ	Secretary of State 06-18-2002 90488 035 ***158.75				
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	DO NOT WINITE		ACE		869539		
	Place of Business VW 77 Ave	3. Mailing Address	•				
Suite, Apt		Suite, Apt. #, etc.		\exists	DO NOT WRITE IN THIS SPACE		
City & Sta	nte . —	City & State			4. FEI Number Applied For Not Applied For Not Applied For		
Zip	SIGG Country	Zip	Country	5. 0	Perificate of Status Desired \$8.75 Additional	ole	
				7. Na	Fee Required me and Address of Current Registered Agent	\dashv	
	DO NOT W			ejano		\neg	
	DO NOT WE			ess (P.O. B	ox Number is Not Acceptable)	\neg	
	IN THIS SPA	ACE		1 100	77 700 1110 50	ᅱ	
	- b		City H	المصن	FL Zip Code 33166	\dashv	
8. The above	e named entity submits this statement for t	he purpose of changing its r	registered office or reg	istered age	ent, or both, in the State of Florida.	-	
SIGNATURE	Alejandra	Rodinguez.			00/21/02		
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	Signature, typed or primed name of registered agent and	title if applicable.	Registered Agent signature re-		nstating) DATE		
9. This corp		January 1 - Ma After May 1 Amended	ay 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25		10. Election Campaign Financing Trust Fund Contribution.		
9. This corp	Signature, typed or product name of registered agent and coration is eligible to satisfy its Intangible requirement and efects to do so, aria on back) OFFICERS AND DI	January 1 - Ma After May 1 Amended Make Check Payabl	ay 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25		10. Election Campaign Financing \$5.00 May Be		
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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: _

Ale	andro	Kodu	BUX:	2 D
SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICE	ER OR DIRECTOR	7	

Daytime Phone #

Attachment

P00000055689

UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS

To Whom It May Concern:

This letter is to explain why the payment of the UBR FORM of NUTRICARE, INC. was not sent before May 01, 2002; we did not receive our UBR FORM because we changed address and our mail has not been forward to us.

Thank you for our time in this matter.

Best regards, Alejandro Rodriguez -