

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

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90488 035 ***158.75

DOCUMENT # P00000055689

1. Entity Name

Notricare, Inc.

DO NOT WRITE IN THIS SPACE

869539

2. Principal Place of Business
6801 NW 77 Ave
Suite, Apt. #, etc. 102

3. Mailing Address
Suite, Apt. #, etc.

City & State Miami FL
Zip 33166 Country

4. FEI Number 65-1055112
Applied For ☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Alejandro Rodriguez
Street Address (P.O. Box Number is Not Acceptable) 6801 NW 77 Ave #102
City Miami FL Zip Code 33166

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 Alejandro Rodriguez
Signature, typed or printed name of registered agent and title if applicable.

05/31/02
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>President</u> <u>Carolina Vizcarrondo</u> <u>6801 NW 77 Ave #102</u> <u>Miami, FL 33166</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President</u> <u>Alejandro Rodriguez</u> <u>6801 NW 77 Ave #102</u> <u>Miami, FL 33166</u>
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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)(f), 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: Alejandro Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/31/02
Date Daytime Phone #

CR2E034B (12/01)

Attachment

869539
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 -
Alejandro Rodriguez