

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-08-2002 90165 006 ***155.00

DOCUMENT # P00000077336

1. Entity Name

NUTRITION HEADQUARTERS, INC.

Principal Place of Business

1800 SUNSET HARBOUR DRIVE
 SUITE 1205
 MIAMI BEACH FL 33139

Mailing Address

1800 SUNSET HARBOUR DRIVE
 SUITE 1205
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1033953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Brian Zoberg
 Address (P.O. Box Number is not applicable) 1800 SUNSET HARBOUR DRIVE
SUITE 1205
 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

Brian Zoberg Brian Zoberg
 Signature, Typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when re-

DATE

5/27/02

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, 2002 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

TITLE ☐ Delete
 NAME PSTD
 STREET ADDRESS ZOBERG, BRIAN M
 CITY-ST-ZIP 1800 SUNSET HARBOUR DRIVE SUITE 1205
MIAMI BEACH FL 33139

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Zoberg Brian Zoberg
 Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

4/20/02 305-673-1280

CF2E034 (9/01)