

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077602

1. Entity Name

MULTIPLE NUTRIENT SYSTEM, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90033 049 ***150.00

00033302



DO NOT WRITE IN THIS SPACE

Principal Place of Business

35-E VENETIAN WAY, APT 112
MIAMI BEACH FL 33139

Mailing Address

35-E VENETIAN WAY, APT 112
MIAMI BEACH FL 33139

2. Principal Place of Business

8015 S.W. 133 Ct.

3. Mailing Address

P.O. Box 832 852

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mia. FL.

City & State

Mia. FL. 33283

4. FEI Number

65-1038395

☒ Applied For

☐ Not Applicable

Zip

33183

Country

U.S.A.

Zip

33283

Country

U.S.A.

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

RENARD, JEAN-PAUL
35-E VENETIAN WAY, APT 112
MIAMI BEACH FL 33139

Name

Kenneth Abbott Jr.

Street Address (P.O. Box Number is Not Acceptable)

8015 S.W. 133 Ct.

Mia.

City

Mia.

FL

Zip Code

33183

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

Kenneth Abbott Jr.

03/29/01

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 DPST
NAME RENARD, JEAN-PAUL
STREET ADDRESS 35-E VENETIAN WAY, APT 112
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ Delete

TITLE P
NAME Kenneth Abbott Jr. ☒ Change ☐ Addition
STREET ADDRESS 8015 S.W. 133 Ct.
CITY-ST-ZIP Mia. FL. 33183

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

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

Kenneth Abbott Jr. 03/29/01

Date

Daytime Phone #

(305)386-8245

CR2E034 (10/00)