## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: \_

## Mar 16, 2001 8:00 am DOCUMENT # P00000083186 **Secretary of State** V.I.P. NUTRITION & TRAINING CENTER, INC. 03-16-2001 90002 023 \*\*\*150.00 Principal Place of Business Mailing Address 1744 EAST COMMERCIAL BOULEVARD 1744 EAST COMMERCIAL BOULEVARD FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 65-1039541 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADIMIR SENATUR SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE-CORAL GABLES FL 33134 E. CommERCIAL Blud this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity su (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change SENATUS, VLADMIR NAME MAME STREET ADDRESS STREET ADDRESS 1744 EAST COMMERCIAL BOULEVARD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 □ Change ☐ Addition TITLE TITLE MCCARRELL, JEFFREY A NAME NAME STREET ADDRESS STREET ADDRESS 1744-EAST-COMMERCIAL BOULEVARD CITY-ST-7IP CITY-ST-7IP FT. LAUDERDALE FL 33334 ----VID - Dolete Change □ Addition TITLE TITLE MCCARRELL, REBEKAH NAME NAME STREET ADDRESS STREET ADDRESS 1744 EAST COMMERCIAL BOULEVARD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 proof is type 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 trusted improvered to execute his 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 impowered. 13. I hereby certify that the information supplies

OF SIGNING OFFICER OR DIRECTOR

UND TYPED OR PRINTED NAME