FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P00000083186 1. Entity Name V.I.P. NUTRITION & TRAINING CENTER, INC. 05-19-2002 90033 009 ***150.00 Principal Place of Business Mailing Address 1747 EAST-COMMERCIAL BOLLEVARD 1744 EAST COMMERCIAL BOULEVARD FT. LAUDERDALE FL 09334 FT. LAUDERDALE FL 33334 963147 2. Principal Place of Business 3. Mailing Address 637 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LASTATION 65-1039541 LANTATION Not Applicable Country \$8.75 Additional 32717 USA 5. Certificate of Status Desired UŚA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SENATUS, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) -1744 E CUMMERCIAL BLVD 637 Holly LANE **EORT LAUDERDALE FL 33334** Zip Code <u> 333/7</u> 8. The above named, s this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 💃 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE VLADYMIR SENATUS Change ☐ Addition NAME SENATUS, VLADMIR NAME 637 HORY LAKE STREET ADDRESS 1744 EAST COMMERCIAL BOULEVARD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 PLANTATION . FL 33317 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this fifing 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with the indicated on this report or supplemental report is true at of the corporation or the receiver or trustee emboweded changed, or on an attachment with an address, with all or the corporation of the corporation or the receiver or trustee embowed changed.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: