


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90115 001 \*\*\*150.00

**DOCUMENT # P0000109155**

1. Entity Name  
**PRESCRIPTION NUTRACEUTICALS, INC.**



Principal Place of Business  
**5041 S.W. 121 TERRACE  
COOPER CITY FL 33330**

Mailing Address  
**5041 S.W. 121 TERRACE  
COOPER CITY FL 33330**



2. Principal Place of Business  
**606 NW 164TH AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**606 NW 164TH AVE**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMBROKE PINES, FL**

Zip  
**33028** Country  
**USA**

Zip  
**33028** Country  
**USA**

4. FEI Number **65-1058747**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MONIUDIS, PERRY D ESQ  
315 S.E. 7TH STREET SECOND FLOOR  
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>BANNATYNE, RICARDO</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5041 S.W. 121 TERRACE</b>		
CITY-ST-ZIP <b>COOPER CITY FL 33330</b>		
TITLE <b>VP</b>	NAME <b>SIPOS, FERENC A</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>11441 N.W. 23RD STREET</b>		
CITY-ST-ZIP <b>PEMBROKE PINES FL 33026</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>SAME</b>	NAME <b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>606 NW 164TH AVE</b>		
CITY-ST-ZIP <b>PEMBROKE PINES, FL 33028</b>		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *RICARDO BANNATYNE* **RICARDO BANNATYNE** **1-15-03 (954) 538-1795**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)