

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90074 031 ***158.75

DOCUMENT # P01000036164

1. Entity Name
PR NUTRITION, INC.



Principal Place of Business
5841 CORPORATE WAY
STE 200
WEST PALM BEACH FL 33407

Mailing Address
C/O THOMAS J. SKOLA, ESQ./BECKER & POLIAKOFF
5201 BLUE LAGOON DR., SUITE 100
MIAMI FL 33126-2065



2. Principal Place of Business

3. Mailing Address
5841 Corporate Way
Suite, Apt. #, etc.
suite 200

Suite, Apt. #, etc.

City & State

City & State
West Palm Beach FL

4. FEI Number 52-2311372

Applied For
Not Applicable

Zip

Country

Zip
33407

Country

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

SKOLA, THOMAS J

5201 BLUE LAGOON DRIVE SUITE 100
MIAMI FL 33126

Name
Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive, suite 602
City Miami FL Zip Code 33131

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 *Thomas J. Skola*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME PATEL, AJIT
STREET ADDRESS 5201 BLUE LAGOON DR., STE 100
CITY-ST-ZIP MIAMI FL 33126

☒ Change ☐ Addition
TITLE ☐ Change ☐ Addition
NAME 501 Brickell Key Dr., suite 602
STREET ADDRESS miami FL 33131
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PATEL, RAKESH
STREET ADDRESS 5201 BLUE LAGOON DR., STE 100
CITY-ST-ZIP MIAMI FL 33126

☒ Change ☐ Addition
TITLE ☐ Change ☐ Addition
NAME 501 Brickell Key Dr., suite 602
STREET ADDRESS miami FL 33131
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SKOLA, THOMAS J ESQ.
STREET ADDRESS 5201 BLUE LAGOON DR., STE 100
CITY-ST-ZIP MIAMI FL 33126

☒ Change ☐ Addition
TITLE ☐ Change ☐ Addition
NAME 501 Brickell Key Dr., suite 602
STREET ADDRESS miami FL 33131
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE TREASURER
NAME Sherry Mazorra
STREET ADDRESS 5841 Corporate Way, Suite 200
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

601/235-3777

CR2E034 (10/02)