FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State
06-20-2002 90059 044 ***550.00

DOCUMENT # P01000038293

1. Entity Name
BEST NUTRITION NETWORK, INC.

DO NOT WRITE IN THIS SPACE

870256

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2. Principal Place of Business	3. Mailing Address
2519 Alcazar Dr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State
Zip: 33023 Country: U.S.A	Zip Country

4. FEI Number: 65-1099317 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: David E. Preciado

Street Address (P.O. Box Number is Not Acceptable): 2519 Alcazar Dr.

City: Miramar FL Zip Code: 33023

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] DATE: 6/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	David E. Preciado
STREET ADDRESS	2519 Alcazar DR.
CITY-ST-ZIP	Miramar-FL-33023
TITLE	VP
NAME	Martha C. Diaz
STREET ADDRESS	2519 Alcazar Dr
CITY-ST-ZIP	Miramar-FL-33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] David E. Preciado 6/5/02 954-4742262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #