

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90012 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P01000039818</b>			
1. Entity Name <b>NUTRIAL COMPANY, INC.</b>			
Principal Place of Business <b>2135 NW 79 AVE MIAMI FL 33122</b>		Mailing Address <b>2135 NW 79 AVE MIAMI FL 33122</b>	
2. Principal Place of Business <b>MIAMI-7525 E TREASURE DR</b>		3. Mailing Address <b>7525 E TREASURE DR</b>	
Suite, Apt. #, etc. <b>7J</b>		Suite, Apt. #, etc. <b>7J</b>	
City & State <b>N. BAY VILLAGE--FL</b>		City & State <b>N. BAY VILLAGE--FL</b>	
Zip <b>33141</b>	Country <b>USA</b>	Zip <b>33141</b>	Country <b>USA</b>
4. FEI Number <b>651103219</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
<b>FILGUEIRAS JULIO C</b> <b>2135 NW 79 AVE</b> <b>MIAMI FL 33122</b>			
7. Name and Address of New Registered Agent			
<b>FILGUEIRAS JULIO C</b> <b>7525 E TREASURE DR</b> <b>APT 7J</b> <b>NORTH BAY VILLAGE FL</b> Zip <b>33141</b>			
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 <i>[Signature]</i>		DATE <b>7/12/2002</b>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	Delete		
NAME	<b>D AZEVEDI, GOMEZ D</b>		
STREET ADDRESS	<b>R URIMONDUBA 111 APT 81</b>		
CITY-ST-ZIP	<b>ITAIM SAN PAULO BRAZIL</b>		
TITLE	Delete		
NAME	<b>D FILGUEIRAS, JULIO C JR</b>		
STREET ADDRESS	<b>2135 NW 79 AVE</b>		
CITY-ST-ZIP	<b>MIAMI FL 33122</b>		
TITLE	Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	Change Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Change Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Change Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Change Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		<b>7/12/2002 786 253 0855</b> Date Daytime Phone #	

CR2034 (4/02)