

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90065 004 \*\*\*158.75

**DOCUMENT # P01000039818**

1. Entity Name  
**NUTRIAL COMPANY, INC.**



Principal Place of Business  
**7525 E TREASURE DR  
7J  
N BAY VILLAGE FL 33141**

Mailing Address  
**7525 E TREASURE DR  
7J  
N BAY VILLAGE FL 33141**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1103219**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILGUEIRAS, JULIO C  
7525 E TREASURE DR  
NORTH BAY VILLAGE FL 33141**

Name **FILGUEIRAS, JULIO C**  
Street Address (P.O. Box Number is Not Acceptable) **7525 E TREASURE DR**  
**APT 7J**  
City **NORTH BAY VILLAGE FL** Zip **33141**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS **AZEVEDI, GOMEZ D**  
CITY-ST-ZIP **R URIMONDUBA 111 APT 81  
ITAIM SAN PAULO BRAZIL**

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

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS **FILGUEIRAS, JULIO C JR**  
CITY-ST-ZIP **2135 NW 79 AVE  
MIAMI FL 33122**

TITLE  
NAME **V.P. FILGUEIRAS, JULIO C JR** ☒ Change ☐ Addition  
STREET ADDRESS **7525 E TREASURE DR APT 7J**  
CITY-ST-ZIP **N BAY VILLAGE FL 33141**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME ☐ Delete  
STREET ADDRESS  
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TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/2003 305 865 5045**

Date

Daytime Phone #

CR2E034 (10/02)