

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056231

1. Entity Name
ADVANCED NUTRITIONAL PRODUCTS INC.

Principal Place of Business
1501 N. POINT PARKWAY, SUITE 100
WEST PALM BEACH FL 33407

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

2. Principal Place of Business
5841 Corporate Way

3. Mailing Address

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State
West Palm Bch, FL

City & State

Zip
33407

Country
USA

Zip

Country

4. FEI Number
94-3401499

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SKOLA, THOMAS J
5201 BLUE LAGOON DRIVE
MIAMI FL 33126

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D.P.
Patel, Ajit
5201 Blue Lagoon Dr., Suite 100
Miami, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Patel, Rakesh
5201 Blue Lagoon Dr., Suite 100
Miami, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Skola, Thomas J. Esq.
5201 Blue Lagoon Dr., Suite 100
Miami, FL 33126 ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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: Sherry Mazorra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 (561) 835-3777

Date

Daytime Phone #

0196970 AV

CR2E034 (9/01)