

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90166 050 \*\*\*158.75

DOCUMENT # P01000056231

1. Entity Name

ADVANCED NUTRITIONAL PRODUCTS INC.

NUTRITIONAL Products Marketing, Inc.

Principal Place of Business

5841 CORPORATE WAY

SUITE 200

WEST PALM BEACH FL 33407

Mailing Address

% THOMAS J. SKOLA, ESQ./BECKER & POLIAKOFF

5201 BLUE LAGOON DR., SUITE 100

MIAMI FL 33126-2005

2. Principal Place of Business

3. Mailing Address

5841 Corporate Way

Suite, Apt. #, etc.

Suite 200

West Palm Beach FL

Zip 33407

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 94-3401499

Applied For

Not Applicable

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

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

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  
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS 501 Brickell Key Drive, Suite 602  
CITY-ST-ZIP Miami FL 33131

☒ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS 501 Brickell Key Drive, Suite 602  
CITY-ST-ZIP Miami FL 33131

☒ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS 501 Brickell Key Drive, Suite 602  
CITY-ST-ZIP Miami FL 33131

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE Treasurer  
NAME Sherry Mazorka  
STREET ADDRESS 5841 Corporate Way, Suite 200  
CITY-ST-ZIP West Palm Beach, FL 33407

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

SHERY K. MAZORKA

Date

660835-3717

CR2E034 (10/02)