

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90045 039 ***150.00

DOCUMENT # P01000069430

1. Entity Name
BEACH NUTRITION, INC.

Principal Place of Business
1251 WASHINGTON AVENUE
MIAMI BEACH FL

Mailing Address
1251 WASHINGTON AVENUE
MIAMI BEACH FL

2. Principal Place of Business

3. Mailing Address
7501 NW 36 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

4. FEI Number

65-1121684

Applied For

Not Applicable

Zip

Country

Zip

33166

Country

USA

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

COFINO, PEDRO A
COFINO & ASSOCIATES
407 LINCOLN ROAD, SUITE 2B
MIAMI BEACH FL 33139

Name
JUCO 79, INC

Street Address (P.O. Box Number is Not Acceptable)

7501 NW 36 Street

City
Miami

FL

Zip Code **33166**

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

(NOTE: Registered Agent signature required when reinstating)

04/16/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **MARCOS, JORGE A**
 STREET ADDRESS **1251 WASHINGTON AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **JUAN C. DREJUELA**
 STREET ADDRESS **7501 NW 36 STREET**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☒ Delete
 NAME **ORJUELA, JUAN CARLOS**
 STREET ADDRESS **1251 WASHINGTON AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **MARIA M. SALAZAR**
 STREET ADDRESS **7501 NW 36 STREET**
 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE **D** ☒ Delete
 NAME **DEL PILAR OSPINA, JANETH**
 STREET ADDRESS **1251 WASHINGTON AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **MARIA M. SALAZAR**
 STREET ADDRESS **7501 NW 36 STREET**
 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **MARIA M. SALAZAR**
 STREET ADDRESS **7501 NW 36 STREET**
 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02

Date

(305) 463-7473

Daytime Phone #

CR2E034 (9/01)