

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90853 005 ***150.00

DOCUMENT # P01000075350

1. Entity Name
ADVANCED NUTRITIONAL BIOSYSTEMS, INC.



Principal Place of Business
**8034 SUNPORT DRIVE
SUITE 401
ORLANDO FL 32809**

Mailing Address
~~PO BOX 533736~~
ORLANDO FL 32853

2. Principal Place of Business

3. Mailing Address
P.O. Box 532079

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FLORIDA

4. FEI Number
59-3743377

Applied For
Not Applicable

Zip

Country

Zip
32853-2079

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

~~DEAN MEAD SERVICES, LLC~~
~~800 N MAGNOLIA AVE STE 1500~~
~~ORLANDO FL 32803~~

Name
A Louis Mortier, CPA
Street Address (P.O. Box Number is Not Acceptable)
1640 Lee Rd
Winter Park, FL 32792
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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

2/12/03
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
STREET ADDRESS
CITY-ST-ZIP
**DPST
ALAVI, SIA-MACK
PO BOX 533736
ORLANDO FL 32853** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
Alavi, Sia-Mack
P.O. Box 533736
Orlando FL 32853** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
Francisco A. GARCIA
8024 St. Andrews Circle
Orlando FL 32835** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ 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 information empowered.

SIGNATURE:

[Signature]
SIA-MACK ALAVI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 447-1610

CR2E034 (10/02)