

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084563

1. Entity Name

NUTRITION SOLUTIONS OF MIAMI, INC.

Principal Place of Business

5000 S.W. 75TH AVENUE
SUITE 204
MIAMI FL 33155

Mailing Address

5000 S.W. 75TH AVENUE
SUITE 204
MIAMI FL 33155

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

65-1141132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHERIDAN, DREW S ESQ.
785 SW 87TH AVENUE
SUITE 102
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

Marisa Jubis

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

5000 SW 75 Ave #204

Miami

City

FL

Zip Code

33155

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

Marisa Jubis

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

(NOTE: Registered Agent signature required when reinstating)

5/1/02

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	PSTD	<input type="checkbox"/> Delete
NAME	JUBIS, MARISA	
STREET ADDRESS	5000 S.W. 75TH AVENUE SUITE 204	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marisa Jubis

5/1/02 805-666-6930

Date

Daytime Phone #

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-28-2002 91612 047 ***150.00

94813



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

May 1st, 2002

94813

Please excuse that I just missed the deadline for this report. It was a good faith oversight as my father had a tumor removed and honestly business was the last thing on my mind.

I've enclosed the check for \$150.00. Please waive the add'l fee.

Thank you.

If you have any questions please call me on my cell 305-804-7773

Marisa Jubis

Thanks!
I filled in my
FEI number in block
#4. If you have
any questions, please
call me at 305-804-
7773 (cellular)
Marisa
Jubis