

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90093 021 ***150.00

DOCUMENT # P01000107096

1. Entity Name
MEN'S HEALTH SOLUTIONS, INC.



Principal Place of Business
**183 S SHADOWBAY BLVD
LONGWOOD FL 32779**

Mailing Address
**3 PARK PLAZA
SUITE 430
IRVINE CA 92614
US**



2. Principal Place of Business

3 PARK PLAZA

3. Mailing Address

Suite, Apt. #, etc.

SUITE 430

City & State

IRVINE, CA

Zip

92614

Country

U.S.A.

Country

4. FEI Number

03-0391731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ICARDI, JEFFREY A~~

~~549 WYMORE RD NORTH, SUITE 109~~

~~MAITLAND FL 32751~~

7. Name and Address of New Registered Agent

Name

QUOC HA

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

498 PALM SPRINGS DRIVE

SUITE 335

ALTAMONTE SPRINGS FL

Zip Code

32701

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

1-7-3

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

TITLE **D** ☐ Delete
NAME **HA, QUOC HUAN**
STREET ADDRESS **3 PARK PLAZA #430**
CITY-ST-ZIP **IRVINE CA 92614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-3

949-417-0028

Date

Daytime Phone #

CR2E034 (10/02)