

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90312 012 \*\*\*150.00

0023064 AV

**DOCUMENT # P02000032302**

**1. Entity Name**  
**ROCKWELL NUTRITION, INC.**



**Principal Place of Business**  
**670 NE 53 ST**  
**MIAMI FL 33137**

**Mailing Address**  
**670 NE 53 ST**  
**MIAMI FL 33137**

**2. Principal Place of Business**  
**1000 WEST AVE**  
**Suite, Apt. #, etc.**  
**906**

**3. Mailing Address**  
**1000 670 NE 53 ST**  
**Suite, Apt. #, etc.**

**City & State**  
**MIAMI BEACH, FL**

**City & State**  
**MIAMI FL 33137**

**4. FEI Number**  
**04-3646511**

**Applied For**  
**Not Applicable**

**Zip**  
**33139**

**Country**  
**USA**

**Zip**  
**33137**

**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**

**GELFAND, ELLIOTT J**  
**10691 N KENDALL DR STE #311**  
**MIAMI FL 33176**

**Name**  
**GELFAND, ELLIOTT**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10661 N. KENDALL DR. STE 201**  
**City**  
**MIAMI FL** **Zip Code**  
**33176**

**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]* **ELLIOTT J GELFAND**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**2/7/03**  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**ROCKWELL, ANNIKA L**  
**670 NE 53 ST**  
**MIAMI FL 33137**

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

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**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]* **ANNIKA L ROCKWELL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/02**

**305 757 4500**

Date Daytime Phone #

CR2E034 (10/02)