2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P02000102380

1. Entity Name

NUTRA GROUP, CORP.



Principal Place of Business Mailing Address 7951 SW 40 ST STE 206 7951 SW 40 ST STE 206 **MIAMI FL 33155** MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For Not Applicable **NO** 071568 Zip Country . Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, OSVALDO J Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40 ST STE 206 MIAMI FL 33155 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Atter May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE PEREZ. BRAULIO NAME NAME STREET ADDRESS 7951 SW 40 ST STE 206 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE DVS ☐ Delete TITLE MONTES, JOSE M NAME NAME 7951 SW 40 ST STE 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition ARCETTI, RICARDO NAME STREET ADDRESS 7951 SW 40 ST STE 206 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition CARDOZO, MILAGRO NAME STREET ADDRESS 7951 SW 40 ST STE 206 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Delete TITL F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P

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,

FILED

04-28-2003 90155 026 ***150.00

Apr 28, 2003 8:00 am Secretary of State