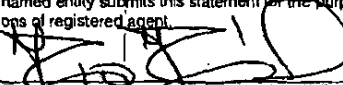


FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90149 034 ***150.00

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

DOCUMENT # P02000130798			
1. Entity Name Diet Control Corporation			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 400 N.W. 23 Place		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc. same	
City & State Miami, Florida		City & State same	
Zip 33125		Country U.S.A.	
Zip same		Country same	
4. FEI Number none		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Hugo G. Hernandez			
Street Address (P.O. Box Number is Not Acceptable) 400 N.W. 23 Place			
City Miami FL Zip Code 33125			
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 		Hugo G. Hernandez President, Treasurer 4/29/2003	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
President, Treasurer Hugo G. Hernandez 400 N.W. 23 Pl. Miami, FL 33125			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VicePresident, Secretary George Esguerra 13120 S.W. 92 Ave, D-506, Miami, FL 33176			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other duly empowered.			
SIGNATURE: 		Hugo G. Hernandez 4/29/2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

CR2E034B (12/02)