

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90191 017 ***158.75

DOCUMENT # **PO2000132506**

1. Entity Name

BIO NUTRITIONAL PRODUCTS INC.



DO NOT WRITE IN THIS SPACE

90138484

2. Principal Place of Business

2277 NE 164TH ST.

3. Mailing Address

2277 NE 164TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

4. FEI Number

01-0762573

Applied For

Not Applicable

Zip

33160

Country

Zip

33160

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS E. GOMEZ

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

19390 COLLINS AVE.

#1626

City

SUNNY ISLES BEACH

FL

Zip Code

33160

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IN THIS SPACE**

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

[Signature]

5/29/03

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
**PRESIDENT
GOMEZ, CARLOS E. #1626
19390 COLLINS AVE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SUNNY ISLES BEACH, FL
33160**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/03 (305) 919-8100

Date

Daytime Phone #

CR2E034B (12/02)