## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P93000073807 1. Entity Name HEALTH & NUTRITION SYSTEMS INTERNATIONAL, INC. 02-01-2001 90133 002 \*\*\*150.00 Principal Place of Business Mailing Address 3750 INVESTMENT LANE 3750 INVESTMENT LANE WEST PALM BEACH FL 33404 WEST PALM BEACH FL 33404 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0452156 Not Applicable Zip Country Country Zip \$8.75 Additional Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent-6: Name and Address of Current Registered Agent Name PERRY, MARK C P.A. Street Address (P.O. Box Number is Not Acceptable) 2455 EAST SUNRISE BLVD. STE. 905 FORT LAUDERDALE FL 33304 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ■ Addition □ Delete TITLE TITLE NAME NAME MUSSO, TONY SAMe STREET ADDRESS STREET ADDRESS 3750 INVESTMENT LANE #5 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33404 M Change Addition ☐ Delete TITLE TITLE POMERANTZ, STEVEN NAME NAME STREET ADDRESS 3750 INVESTMENT LANE #5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST-PALM-BEACH-FL-33404 **Change** ☐ Addition ☐ Delete TITLE P. D.S TITLE NAME TISI, CHRISTOPHER NAME STREET ADDRESS STREET ADDRESS 3750 INVESTMENT LANE #5 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33404 Change **Addition** Delete TITLE TITLE Ted Alflen NAME NAME 3750 Frestment Ln#5 West Palm Beach, FL 33404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE william Husa 3750 Friestment Ln #5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 603. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:∠

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR