2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90242 023 ***150.00

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1. Entity Name
CHAMPIONLYTE ~~PRODUCTS,~~ INC.
Holdings

NO 3/26/03

11017078

Principal Place of Business	Mailing Address
1356 NW 2 AVE	1356 NW 2 AVE
BOCA RATON FL 33432	BOCA RATON FL 33432
US	US

2. Principal Place of Business	3. Mailing Address
2999 NE 191St St.E	2999 NE 191St Street
Suite, Apt. #, etc. PH2	Suite, Apt. #, etc. PH2
City & State Aventura FL	City & State Aventura FL
Zip 33780 Country Dade	Zip 33180 Country DADE

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0510294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POSNER, ALAN
1356 NW 2 AVE
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name ALYCE SCHREIBER
Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191St Street, PH2
City Aventura FL Zip Code 33180

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 Alyce Schreiber 4/22/03
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
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STREISFELD, MARK 1356 NW 2 AVE BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSC DAVID GOLDBERG 2999 NE 191St Street, PH2 Aventura FL 33180	~~Change~~ ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO POSNER, ALAN 1356 NW 2 AVE BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: X David Goldberg, President 4/22/03 561-394-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #