

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078932

1. Entity Name

NU-LIFE NUTRACEUTICALS, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90075 016 ***150.00

Principal Place of Business

Mailing Address

5265 S.E. WILLIAMS WAY
STUART FL 34997
US

5265 S.E. WILLIAMS WAY
STUART FL 34997-2510
US

2. Principal Place of Business

5265 S.E. WILLIAMS WAY

3. Mailing Address

5265 S.E. WILLIAMS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL.

City & State

STUART, FL.

4. FEI Number

62-1583164

Applied For

Not Applicable

Zip

Country

34997

U.S.A.

Zip

Country

34997

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KWEK, CAROL

5265 S.E. WILLIAMS WAY
STUART FL 34997

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS KWEK, CAROL
CITY-ST-ZIP 5265 S.E. WILLIAMS WAY
STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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:

Carol Kwek Carol Kwek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00
Date

561-286-8585
Daytime Phone #

CR2E034 (9/99)