

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90067 033 ***150.00

DOCUMENT # **P95000024086**
 1. Entity Name
Nutrition & Wellness Consultants, Inc

Principal Place of Business Mailing Address
14451 SW 161 ST 14451 SW 161 ST
MIAMI, FL 33177 MIAMI FL 33177
US US

2. Principal Place of Business 3. Mailing Address
14451 SW 161 ST 14451 SW 161 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL MIAMI, FL
 Zip Country Zip Country
33177 US 33177 US

4. FEI Number **65-0577144** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **MARIA ELENA Hernandez**
 Street Address (P.O. Box Number is Not Acceptable)
14451 SW 161 ST
 City **MIAMI** FL Zip Code **33177**

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 **MARIA ELENA Hernandez** **MARIA ELENA Hernandez P** **5/05/00**
 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

TITLE President	<input type="checkbox"/> Delete
NAME MARIA ELENA Hernandez	
STREET ADDRESS 14451 SW 161 ST	error
CITY-ST-ZIP MIAMI, FL 33177	
TITLE Bellido Lourdes G	<input checked="" type="checkbox"/> Delete
NAME 8736 NW 146 Lane	
STREET ADDRESS MIAMI, FL 33018	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President P/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Hernandez, MARIA ELENA	
STREET ADDRESS 14451 SW 161 ST	
CITY-ST-ZIP MIAMI, FL 33177	
TITLE VP/S/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Espinosa, Marlene	
STREET ADDRESS 12271 SW 96 ST	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARIA ELENA Hernandez** **P/T/D** **5/5/00** **(305) 235-1279**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)