

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90017 004 ***150.00

DOCUMENT # P95000024086

1. Entity Name
NUTRITION & WELLNESS CONSULTANTS, INC.

Principal Place of Business

14451 SW 161 ST
MIAMI FL 33177
US

Mailing Address

10850 SW 104 ST
MIAMI FL 33176
US

2. Principal Place of Business

10850 SW 104 ST
 Suite, Apt. #, etc.
N

3. Mailing Address

14451 SW 161 ST
 Suite, Apt. #, etc.

City & State

MIAMI, Florida

Zip
33176

Country
U.S.A

City & State

MIAMI, FL

Zip
33177

Country
U.S.A

4. FEI Number

65-0577144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MARIE E
14451 SW 161ST STREET
MIAMI FL 33177

7. Name and Address of New Registered Agent

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, 2002 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 **P** ☐ Delete
NAME **HERNANDEZ, MARIA ELENA**
STREET ADDRESS **14451 SW 161ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete
NAME **ESPINEL, MARLENE**
STREET ADDRESS **12271 SW 96 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **S** ☐ Delete
NAME **HERNANDEZ, JORGE**
STREET ADDRESS **14451 SW 161 ST**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria E Hernandez **4/29/02** **(305) 275-6500**

CR2E034 (9/01)