## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P95000034157

CHERELSTEIN, STAN

BOCA RATON, FL

853 BROKEN SOUND PARKWAY, NW

Name:

Address:

City-St-Zip:

Entity Name: REXALL SHOWCASE INTERNATIONAL, INC.

FILED Apr 03, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 853 BROKEN SOUND PARKWAY NORTHWEST BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 748 N. 1340 W. OREM, UT 84057 US FEI Number: 65-0580922 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BANGERTER, G. PAULO 853 BROKEN SOUND PARKWAY, N.W. BOCA RATON, FL 33487 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BIZZARO, RICHARD B Name: Name: 748 N. 1340 W. Address: Address: City-St-Zip: OREM, UT 84057 City-St-Zip: Title: SD Title: () Delete () Change () Addition BANGERTER, G. PAULO Name: Name: 748 N. 1340 W. Address: Address: OREM, UT 84057 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: DVP () Change () Addition WEBBER, AARON J Name: Name: 748 N 1340 W Address: Address: City-St-Zip: OREM, UT 84057 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: G. PAULO BANGERTER SD 04/03/2002