

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050660

1. Entity Name

U.S.A. NUTRITION INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90042 045 \*\*\*150.00

Principal Place of Business

Mailing Address

444 BRICKELL AVE SUITE 51-345 MIAMI FL 33131  
1756 N. BAYSHORE DR. SUITE 8N MIAMI - FL 33132  
444 BRICKELL AVE SUITE 51-345 MIAMI FL 33131  
1756 N. BAYSHORE DR. SUITE 8N MIAMI - FL 33132

2. Principal Place of Business

1756 N. BAYSHORE DR.

3. Mailing Address

1756 N. BAYSHORE DR.

Suite, Apt. #, etc.

8N

Suite, Apt. #, etc.

8N

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

Country

U.S.A.

Zip

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0671613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAILLARD, PATRICIA  
444 BRICKELL AVE  
STE 51-345  
MIAMI FL 33131

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, 2001 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  
NAME MAILLARD, PATRICIA  
STREET ADDRESS 444 BRICKELL AVE STE 51-345  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE VP  
NAME DIAZ, JOSE A  
STREET ADDRESS 2950 JACKSON AVE  
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

PATRICIA MAILLARD

4/13/01

786-924-4330

Date

Daytime Phone #

CR2E034 (10/00)