

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90056 023 ***150.00

DOCUMENT # P96000004858

1. Entity Name

NUTRI-CEUTICALS, INC.

Principal Place of Business

Mailing Address

2101 NW 33RD STREET, STE. 2000A
 POMPANO BEACH FL 33069

2101 NW 33RD STREET, STE. 2000A
 POMPANO BEACH FL 33069-5906

2. Principal Place of Business

243 GOOLS BY BLVD.

3. Mailing Address

243 GOOLS BY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

4. FEI Number

65-0638932

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

33442

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERKOWITZ, BARRY
 2101 NW 33RD STREET
 SUITE 2000-A
 POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name **BERKOWITZ BARRY J.**

Street Address (P.O. Box Number is Not Acceptable)
243 GOOLS BY BLVD.

City **DEERFIELD BEACH, FL**

Zip Code **33442**

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	P	<input type="checkbox"/> Delete
NAME	BERKOWITZ, BARRY J	
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STEINBERG, MELVYN	
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOWITZ, BARRY J.	
STREET ADDRESS	243 GOOLS' BY BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

4/24/00

Daytime Phone #

954-582-5820

CR2E034 (9/99)