

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062511

1. Entity Name

MICRONUTRIENTS INTERNATIONAL, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90002 044 ***150.00

023943

Principal Place of Business 10315 S.W. 154 CIR CT. #29 MIAMI FL 33196	Mailing Address 10315 S.W. 154 CIR CT. #29 MIAMI FL 33196
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818858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16366 S.W. 75 St. Suite, Apt. #, etc.	3. Mailing Address 16366 S.W. 75 St. Suite, Apt. #, etc.
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City & State MIAMI, FL. Zip 33193 Country DADE	City & State MIAMI, FL. Zip 33193 Country DADE
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4. FEI Number 65-0684218	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEVAR, MANUEL C
10315 S.W. 154 CIR CT.
#29
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
16366 SW 75 St
City Miami FL Zip Code 33193

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TEVAR, MANUEL C 10315 S.W. 154 CIR CT. #29 MIAMI FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEVAR, ELSA 10315 S.W. 154 CIR. CT. #29 MIAMI FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16366 SW 75 St Miami, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16366 SW 75 St Miami, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MANUEL TEVAR MANUEL TEVAR - PRESIDENT 4/1/01 305-3860632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)