

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90005 012 \*\*\*150.00

**DOCUMENT # P96000063530**

1. Entity Name  
**DOWNTOWN VITAMINS DISCOUNT CENTER CORP.**

Principal Place of Business <b>255 EAST FLAGLER ST.          SUITE # 75 - 76          MIAMI FL 33131</b>	Mailing Address <b>255 EAST FLAGLER ST.          SUITE # 75 - 76          MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0684277</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country		

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MOREYRA, ROSARIO  
 200-172 ST. APT # 102  
 N. MIAMI BEACH FL 33160**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>   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 *Rosario Moreyra* (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MOREYRA, ROSARIO</b>		NAME		
STREET ADDRESS	<b>200-172 ST APT# 102</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MOREIRA, MARCOS</b>		NAME		
STREET ADDRESS	<b>200-172 ST APT #102</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Rosario Moreyra* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)