

2000 UNIFORM BUSINESS REPORT (UBR)

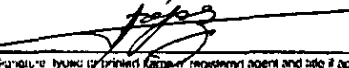
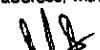
DOCUMENT # P96000071203

1. Entity Name

International Nutrition Centers, Inc.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90008 027 ***150.00

Principal Place of Business		Mailing Address	
2. Principal Place of Business 8306 Mills Dr		3. Mailing Address 782 NW Le Jeune Rd	
Suite, Apt. #, etc. Suite 678		Suite, Apt. #, etc. Suite 434	
City & State Miami, FL		City & State Miami, FL	
Zip 33183	Country	Zip 33126	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Antonio R Lopez, CPA	
		Street Address (P.O. Box Number is Not Acceptable)	
		782 NW Le Jeune Rd, Suite 434	
		City Miami	FL
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 		Antonio R Lopez, 4/27/00	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when registering)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP Fabian Rodriguez 8306 Mills Dr, Suite 678 Miami, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: 		4/27/00 302-KLP-3323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	