Apr 17 00 08:56a Lazarus Corp Filing 305

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90008 027 ***150.00

DOCUMENT # P96000071203

1. Entity Name

International Nutrition Centers, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business		3. Mailing Address	
8306 Mills Dr		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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0850431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 Zip Code 33126

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] Antonio R López, 4/27/00

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, 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			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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CR2E034 (9/99)

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] 4/27/00 305-448-3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Fabian Rodriguez