2000 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2000 8:00 am DOCUMENT # **P97000001750 Secretary of State** NUTRI-CRAFT INTERNATIONAL, INC. 03-29-2000 90068 009 ***150.00 Principal Place of Business Mailing Address 5256 BOSQUE LANE #16 5256 BOSQUE LANE #16 WEST PALM BEACH FL 33415-2650 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0724462 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPAGNUOLO, FRANCESCO Street Address (P.O. Box Number is Not Acceptable) 5256 BOSQUE LANE #16 WEST PALM BEACH FL 33415 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE SPAGNUOLO, FRANCESCO NAME NAME STREET ADDRESS STREET ADDRESS 5256 BOSQUE LN #16 CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33415 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receiper or trusteelempowered in execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachage with building like empowered.

SIGNATURE:

changed, or on an attachn

PED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

her like empowered.

with an add

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