

# Amended **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**

1. Entity Name

P97000015457

**NutraCycle, Inc.**

Principal Place of Business

Mailing Address

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 27 PM 2:18

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		c/o William Moss		59-3504912		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Ft. Lauderdale, FL		Ft. Lauderdale, FL		<input type="checkbox"/>			
Zip	Country	Zip	Country				
33309	USA						

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
				William H. Moss			
				Street Address (P.O. Box Number is Not Acceptable)			
				8921 N.W. 51st. Street			
				City			
				Coral Springs			
				FL			
				Zip Code			
				33067			

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's 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, 2000 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	DP	<input type="checkbox"/> Delete		TITLE	DP CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Moss, William H.			NAME			
STREET ADDRESS	3333 W. Commercial Blvd - Ste 201			STREET ADDRESS	700003523877--6		
CITY-ST-ZIP	Ft. Lauderdale, FL 33309			CITY-ST-ZIP	-01/04/01--01099--005		
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Wargo, Thomas			NAME			
STREET ADDRESS	3333 W. Commercial Blvd - Ste 201			STREET ADDRESS			
CITY-ST-ZIP	Ft. Lauderdale, FL 33309			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Morgenthau, Anthony R.			NAME			
STREET ADDRESS	3333 W. Commercial Blvd - Ste 201			STREET ADDRESS			
CITY-ST-ZIP	Ft. Lauderdale, FL 33309			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Andzel, Richard M.			NAME			
STREET ADDRESS	3333 W. Commercial Blvd Ste 201			STREET ADDRESS			
CITY-ST-ZIP	Ft. Lauderdale, FL 33309			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: William H. Moss William H. Moss President 22 Dec 00 954-796-1640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (9/99)