

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90054 034 \*\*\*150.00

**DOCUMENT # P97000022748**

1. Entity Name  
**JR'S NUTRITION MARKET CO.**

Principal Place of Business

**813 S FEDERAL HWY  
 SUITE 813  
 DANIA FL 33004  
 US**

Mailing Address

**801 S FEDERAL HWY  
 SUITE 813  
 DANIA FL 33004  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**813 S. Federal Hwy**

Suite, Apt. #, etc.  
**813**

City & State  
**Dania Florida**

Zip Country  
**33004 U.S.A**

3. Mailing Address

**801 S. Federal Hwy**

Suite, Apt. #, etc.  
**813**

City & State  
**Dania Florida**

Zip Country  
**33004 U.S.A**

4. FEI Number **65-0738927**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROLLE, JASON  
 801S. FEDERAL HIGHWAY  
 SUITE 813  
 DANIA FL 33004**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2002 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

TITLE	<b>PVST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEJIA, PAULINA E</b>	
STREET ADDRESS	<b>110 S.E. 2ND STREET #109</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEJIA, PAULINA E</b>	
STREET ADDRESS	<b>110 S.E. 2ND STREET #109</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROLLE, JASON</b>	
STREET ADDRESS	<b>801 S FEDERAL HWY SUITE 813</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	
TITLE	<b>Owner</b>	<input type="checkbox"/> Delete
NAME	<b>JASON Rolle</b>	
STREET ADDRESS	<b>801 S. Federal Hwy</b>	
CITY-ST-ZIP	<b>Dania FL 33004</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**SIGNATURE PROCESSED**

**JASON Rolle 02/30/02 (954) 921-7167**

Date

Daytime Phone #

CR2E034 (9/01)