

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90059 014 ***150.00

DOCUMENT # P97000076574

1. Entity Name

PERSONAL NUTRITION USA, INC.

Principal Place of Business

1408 BRICKELL BAY DR.
 SUITE 1001
 MIAMI FL 33131

Mailing Address

1408 BRICKELL BAY DR.
 SUITE 1001
 MIAMI FL 33131

2. Principal Place of Business

P.O. Box 831387

Suite, Apt. #, etc.

3. Mailing Address

701 S.W. 141 Ave

Suite, Apt. #, etc.

R 206

City & State

Miami FL 33283-1387

City & State

Pembroke Pines, FL

Zip

33283-1387

Country

U.S.A

Zip

33027-3596 BROWARD

Country

BROWARD

6. Name and Address of Current Registered Agent

~~SILVERMAN, LARRY~~
~~1408 BRICKELL BAY DR.~~
~~SUITE 1001~~
~~MIAMI FL 33131~~

LARRY Silverman
701 S.W. 141 Ave
R 206
Pembroke Pines, FL 33027

7. Name and Address of New Registered Agent

Name **LARRY Silverman**
 Street Address (P.O. Box Number is Not Acceptable)
701 S.W. 141 Ave
R 206
 City **Pembroke Pines** FL Zip Code **33027-3596**

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, 2001 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 | D | <input type="checkbox"/> Delete |
| NAME | SILVERMAN, LARRY | |
| STREET ADDRESS | 1408 BRICKELL BAY DR. STE. 1001 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LARRY Silverman | |
| STREET ADDRESS | 701 S.W. 141 Ave. R 206 | |
| CITY-ST-ZIP | Pembroke Pines, FL 33027-3596 | |
| 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 | | |
| 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 | | |

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: **Larry Silverman** **Larry Silverman** **1/9/01** **954-441-7062**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)