

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90015 017 ***150.00

DOCUMENT # P97000086477

1. Corporation Name

BROOKSIDE NUTRITION CENTER, INC.

Principal Place of Business

5707 N UNIVERSITY DRIVE
TAMARAC FL 33321

Mailing Address

5707 N UNIVERSITY DRIVE
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number
65-0786015

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL J
4801 S UNIVERSITY DR, STE 3000
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YIBIRIN, BERNARDO
5707 N UNIVERSITY DRIVE
TAMARAC FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YIBIRIN, MARIA
5707 N UNIVERSITY DRIVE
TAMARAC FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YIBIRIN, SERGIO
5707 N UNIVERSITY DRIVE
TAMARAC FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YIBIRIN, GINETH M
5707 N UNIVERSITY DRIVE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99

954-720-2626

CR2E034 (1/98)

0302011