

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000008974**1. Entity Name
SELECT SOURCE NUTRITION INC.

Principal Place of Business	Mailing Address
1547 NW 29TH ST	1547 NW 29TH ST
1ST FLOOR	1ST FLOOR
MIAMI FL	MIAMI FL
33142	33142

2. Principal Place of Business
1547 NW 29TH ST3. Mailing Address
1547 NW 29TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLCity & State
MIAMI FL4. FEI Number
65-0808239Applied For
Not ApplicableZip Country
33142Zip Country
331425. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MARGOLLES ALFREDO M**
601 MINOLA DRIVE**MIAMI SPRINGS FL**
33166

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 _____ **02/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	DEL PINO WILLIAM H	
STREET ADDRESS	5731 NW 37TH STREET	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL PINO WILLIAM H	
STREET ADDRESS	5731 NW 37TH STREET	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	

TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ RACIEL F	
STREET ADDRESS	1651 SW 122 CT., #C108	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ RACIEL F	
STREET ADDRESS	1651 SW 122 CT #C108	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE	D	<input type="checkbox"/> Delete
NAME	MARGOLLES ALFREDO M	
STREET ADDRESS	601 MINOLA DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

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

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

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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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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: William H. Delpino**D****02/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)