

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90023 005 \*\*\*150.00

026061 AV

**DOCUMENT # P98000043406**

1. Entity Name

**AMERICAN NUTRITIONAL EXCHANGE, INC.**

Principal Place of Business

Mailing Address

**9990 S.W. 77TH AVENUE  
SUITE 330  
MIAMI FL 33156-2699**

**9990 S.W. 77TH AVENUE  
SUITE 330  
MIAMI FL 33156-2699**

2. Principal Place of Business

**12260 SW 53rd St.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 603**

Suite, Apt. #, etc.

City & State

**Cooper City, FL**

City & State

4. FEI Number

**65-0839459**

Applied For

Not Applicable

Zip

**33330**

Country

**USA**

Zip

Country

5. 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

**MARGOLIS, JOHN A ESQ.  
9990 S.W. 77TH AVENUE  
SUITE 330  
MIAMI FL 33156-2699**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D / P/S** ☐ Delete  
NAME **GONZALEZ, ISMAEL**  
STREET ADDRESS **7120 N UNIVERSITY DR**  
CITY-ST-ZIP **TAMPA FL 33620**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **12260 SW 53rd St., Suite 603**  
CITY-ST-ZIP **Cooper City, FL 33330**

TITLE **D/VP/T** ☐ Delete  
NAME **Montellese, Donald**  
STREET ADDRESS **12260 S.W. 53rd St. Suite 603**  
CITY-ST-ZIP **Cooper C'ty, FL 33330**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**954-721-4889**  
Daytime Phone #

CR2E034 (9/01)