

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046227

1. Entity Name

BIO-VITALE ENTERPRISES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90059 008 ***158.75

Principal Place of Business

Mailing Address

7437 W COLONIAL DR
 ORLANDO FL 32818
 US

7437 W COLONIAL DR
 ORLANDO FL 32818-6748
 US

2. Principal Place of Business

10669 Fairhaven Way

3. Mailing Address

10669 Fairhaven Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3520597

Applied For

Not Applicable

Zip

Country

32825

Zip

Country

32825

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAMILLA, MIKE
 6955 HANGING MOSS RD., SUITE 106
 ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

Hamilla, Mike

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

3377 Forsyth Rd.

City

Winter Park,

FL

Zip Code

32792

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

Mike Hamilla

Mike Hamilla

5/16/00

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, 2000 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 DP
 NAME EXLER, HERMANUS
 STREET ADDRESS 12801 WATERHAVEN CIR.
 CITY-ST-ZIP ORLANDO FL 32828

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
 NAME Exler, Hermanus
 STREET ADDRESS 10669 Fairhaven Way
 CITY-ST-ZIP Orlando, FL 32825

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/00 (407) 671-2888

CR2E034 (9/99)