

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054416

1. Entity Name
37 CELSIUS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90119 005 ***150.00

Principal Place of Business Mailing Address
4045 SHERIDAN AVE **4045 SHERIDAN AVE**
STE 258 **STE 258**
MIAMI BEACH FL 33140 **MIAMI BEACH FL 33140-3665**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
470 Lincoln Road **470 Lincoln Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
372 **372**

City & State City & State
Miami Beach, FL **Miami Beach, FL**
Zip Country Zip Country
33139 **U.S.A.** **33139** **U.S.A.**

4. FEI Number Applied For
65-0850487 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DUFFAU, NATHALIE C
4045 SHERIDAN AVE
STE 258
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
470 Lincoln Road, Suite 372
City **Miami Beach** **FL** Zip Code **33139**

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 **Nathalie C. Duffau, President** **March 14, 2000**
Signature, Typed Name, Title 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.

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	PS	<input type="checkbox"/> Delete
NAME	DUFFAU, NATHALIE C	
STREET ADDRESS	4045 SHERIDAN AVE STE 258	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFAU, NATHALIE C	
STREET ADDRESS	470 Lincoln Road, Suite 372	
CITY-ST-ZIP	Miami Beach, FL 33139	
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: **March 14, 2000** **305-992-1012**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)