

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058165

1. Entity Name

PRECISION NUTRITION CORPORATION

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90075 003 ***150.00

Principal Place of Business 8390 NW 143 TERRACE MIAMI FL 33016 US	Mailing Address 8390 NW 143 TERRACE MIAMI FL 33016-5734 US
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2. Principal Place of Business 8426 NW 66 th Street Suite, Apt. #, etc.	3. Mailing Address 8426 NW 66 th Street Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0846305	Applied For Not Applicable
Zip 33166	Country USA	Zip 33166	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PEREZ, FARIDE 8390 NW 143 TERRACE MIAMI FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Faride Perez
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, ANTONIO 8390 NW 143 TERR MIAMI FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEREZ, FARIDE 8390 NW 143 TERR MIAMI FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Faride Perez **4/20/00** **305463-9003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)