

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086152

1. Entity Name

NUTRIPRO DISTRIBUTION SYSTEMS, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90131 038 \*\*\*150.00

Principal Place of Business

8221 NW 66 STREET  
MIAMI FL 33166

Mailing Address

8221 NW 66 STREET  
MIAMI FL 33166

642363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8223 NW 66 ST

3. Mailing Address

8223 NW 66 ST

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

MIAMI FL

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

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

VILA, DAGOBERTO M  
8221 NW 66 STREET  
MIAMI 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

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, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILA, DAGOBERTO 8223 NW 66 STREET MIAMI FL 33166 <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	<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:

*Dagoberto Vila*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Date

301-436-8566

Daytime Phone #

CR2E034 (10/00)