

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 029 ***150.00

DOCUMENT # P98000088300 1. Entity Name ALPHA HEALTH & NUTRITION RX, INC.			
Principal Place of Business 9920 NW 6TH COURT PEMBROKE PINES, FL 33024		Mailing Address 9920 NW 6TH COURT PEMBROKE PINES, FL 33024	
2. Principal Place of Business 11020 Pembroke Rd		3. Mailing Address 11020 Pembroke Rd	
Suite, Apt. #, etc. Suite #171		Suite, Apt. #, etc. Suite #171	
City & State Miramar, FL		City & State Miramar, FL	
Zip 33024		Zip 33024	
Country USA		Country USA	
4. FEI Number 65-0882265		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		7. Name and Address of New Registered Agent 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. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when resigning). DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SANDS, SURETTE STREET ADDRESS 9920 NW 6 CT CITY-ST-ZIP PEMBROKE PINES, FL 33024	☐ Delete	TITLE PRESIDENT NAME Surette Sands STREET ADDRESS 11020 Pembroke Rd #171 CITY-ST-ZIP MIRAMAR, FL 33024	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.			
SIGNATURE: Surette S. Sands SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/1/03 (305) 308-4986 Date Daytime Phone #	

CR2E034 (10/02)

Surette S. Sands