

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90053 038 ***150.00

0696406 FP

DOCUMENT # P99000004176

1. Entity Name
NUTRICENTER, INC.



Principal Place of Business
**7831 SHERIDAN ST
HOLLYWOOD FL 33024**

Mailing Address
**PO BOX 8001
PEMBROKE PINES FL 33084**



2. Principal Place of Business
7831 SHERIDAN ST.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 8001
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD, FL

City & State
PEMBROKE PINES, FL

4. FEI Number **65-0885641**

Applied For
☒ Not Applicable

Zip
33024

Country
USA

Zip
33084

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

**WINSTON, SARA RAQUEL
7831 SHERIDAN ST
HOLLYWOOD FL 33024**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

Check # 1075329/03 \$150.00 - Enclosed

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
NAME **DP WINSTON, SARA R** ☐ Delete
STREET ADDRESS **7831 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **DVP BENNETTL, WINSTON** ☐ Delete
STREET ADDRESS **PO BOX 8001**
CITY-ST-ZIP **PEMBROKE PINES FL 33084**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **M WINSTON, VICTOR** ☐ Delete
STREET ADDRESS **PO BOX 8001**
CITY-ST-ZIP **PEMBROKE PINES FL 33084**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE OF VICTOR WINSTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/03
Date

Daytime Phone #