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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
05-15-2000 90214 035 ***150.00

DOCUMENT # P99000010911

1. Entity Name
VITAL INTERNTAIONAL, INC.

Principal Place of Business	Mailing Address
6350 N ANDREWS AVE STE 100 FT LAUDERDALE FL 33309	6350 N ANDREWS AVE STE 100 FT LAUDERDALE FL 33309-2130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2880 W. Oakland Park Blvd.	I&S Management Inc. 2880 W. Oakland Park Blvd.
Suite, Apt. #, etc. # 118	Suite, Apt. #, etc. # 118
City & State Ft. LAUDERDALE FL	City & State Ft. Lauderdale FL
Zip 33311 Country USA	Zip 33311 Country USA

4. FEI Number — X Applied For / Not Applicable

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
GERRITS, ANDREW T 6350 N ANDREWS AVE STE 100 FT LAUDERDALE FL 33309	Name: SUSANNA SCHMOCKER, c/o I&S Management Inc. Street Address (P.O. Box Number is Not Acceptable): 2880 W. Oakland Park. Blvd. Suite 118 City: FT. Lauderdale FL Zip Code: 33311

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: S Schmocker — SUSANNA SCHMOCKER — 4/28/00
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	D GERRITS, ANDREW T 6350 N ANDREWS AVE STE 100 FT LAUDERDALE FL 33309	☒ Delete	D Reinhard Granec Doeplerg.4 A-8060 Graz/Europe	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Susanna SCHMOCKER	☒ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Reinhard GRANEC Doeplerg.4 A-8060 GRAZ/EUROPE	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 4/28/00 954-485-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #