

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025591

1. Entity Name

NUTRITION MADNESS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90215 025 ***150.00

Principal Place of Business

Mailing Address

4251 N. FEDERAL HWY. #4
BOCA RATON FL 33431

4251 N. FEDERAL HWY. #4
BOCA RATON FL 33431-5189

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0196386

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

YUSEM, BRIAN
401 N.W. MIZNER BLVD., TOWER 204
BOCA RATON FL 33432

Name

Christine Scharr

Street Address (P.O. Box Number is Not Acceptable)

2851 S. Ocean Blvd 16

Boca Raton, FL

City

FL

Zip Code

33432

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

Brian Yusem / Christine Scharr

4/12/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when participating)

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
☐ Delete

D
YUSEM, BRIAN
401 N.E. MIZNER BLVD., TOWER 204
BOCA RATON FL 33431

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

President
Christine Scharr
2851 S. Ocean Blvd 16
Boca Raton, FL 33432

TITLE
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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:

Christine Scharr Christine Scharr 4/12/00 561-750-1870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #