

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90025 008 ***150.00

0110062

DOCUMENT # P99000026020

1. Entity Name

R D NUTRITION ASSOCIATES, INC.

Principal Place of Business

~~10031 PINES BLVD~~
~~SUITE 240~~
 HOLLYWOOD FL 33024

Mailing Address

~~10031 PINES BLVD~~
~~SUITE 240~~
 HOLLYWOOD FL 33024

2. Principal Place of Business

10021 Pines Blvd

3. Mailing Address

10021 Pines Blvd

Suite, Apt. #, etc.

Suite 209

Suite, Apt. #, etc.

Suite 209

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33024

Country

Zip

33024

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0906040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BECCERRA, ROSA
10031 PINES BLVD
SUITE 240
PEMBROKE PINES FL 33024

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.

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

TITLE **D** ☐ Delete
 NAME **BECCERRA, ROSA**
 STREET ADDRESS **6003 ISLAND BLVD. #1821**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
 NAME **CEDENO, DOLLY**
 STREET ADDRESS **1151 SW 87TH TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/01 (954) 447-1444

CR2E034 (10/00)