## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 24, 2000 8:00 am Secretary of State DOCUMENT # P99000075152 NUTRITIONOLOGY COM CORP. 05-24-2000 90140 028 \*\*\*150.00 Principal Place of Business Mailing Address 3389 SHERIDAN STREET 3389 SHERIDAN STREET PMB #263 PMB 236 HOLLYWOOD FL 33021-3606 HOLLYWOOD FL 33021 2. Principal Place of Business Mailing Address 3389 Sherid DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number **65-**0943431 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 1)5 K Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 702 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 FILE NOW!!! FEE IS \$150.00 -: 9.-This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 \* Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE DREYFUSS, CHRISTIAN J NAME NAME STREET ADDRESS 3341 NORTH HILLS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☐ Addition ( ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NIABAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF CHRISTING OFFICER OR DIRECTOR Days Date Daysime Phone #

changed, or on an attachment with an address, with all other like empowered.