2000 UNIFORM BUSINESS REPURT(JBR) FILED DOCUMENT # 19900017171 Jul 14, 2000 8:00 am Championlyte, Inc. **Secretary of State** 07-14-2000 90003 039 ***550.00 Principal Place of Business Principal Place of Business 3550 NW Boca Raton Blud #A-28 Boca Raton Fr 33431 A0067734 2. Principal Place of Business 3550 NW BOO Raton Blu Mailing Address Same. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 728692 City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alan Posner 3550 NW Boca Paton Hid. #A28 Street Address (P.O. Box Number is Not Acceptable) ____ Boca Raton FZ 33431 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 After WAY 1 2000 Fee will be \$550.00 Wake Creck Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President Delete ☐ Change TITLE TITLE Mark Streisfeld NAME 3550 NO Scalaton Blud. # AZP Sog Raton FL 33431 STREET ADORESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP VP LSec ☐ Change ☐ Addition TITLE TITLE Alan POSNE Rata BURG #AZB MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-7IP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZEP Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 transpared 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 employed do 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 add **SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGN



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 16, 2000

CHAMPIONLYTE, INC. 3550 NW BOCA RATON BLVD, SUITE A-28 BOCA RATON, FL 33431

Subject: CHAMPIONLYTE, INC.

Reference Number: P99000077171

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AM ÄNNUÄL REPORTS SECTION