

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077171

1. Entity Name  
**CHAMPIONLYTE, INC.**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90058 036 \*\*\*150.00

Principal Place of Business  
**3350 NW BOCA RATON BLVD. SUITE A-28  
BOCA RATON FL 33431**

Mailing Address  
**3350 NW BOCA RATON BLVD. SUITE A-28  
BOCA RATON FL 33431**

2. Principal Place of Business  
**1356 NW 2 Ave.**

Suite, Apt. #, etc.

3. Mailing Address  
**1356 NW 2 Ave.**

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

Zip  
**33432**

Country

City & State  
**Boca Raton FL**

Zip  
**33432**

Country

4. FEI Number **22-3728692**

Applied For:  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**POSNER, ALAN  
3350 NW BOCA RATON BLVD, SUITE A-28  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1356 NW 2 Ave.**  
City **Boca Raton** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STEISFELD, MARK 3550 NW BOCA RATON BLVD BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1356 NW 2 Ave. Boca Raton FL 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS POSNER, ALAN 2550 NW BOCA RATON BLVD #A28 BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1356 NW 2 Ave. Boca Raton FL 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Alan Posner** **1/7/01** **561-417-6806**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)