

00101 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

999000077527

1. Entity Name

VITAMERICA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY 16 AM 11:54

Principal Place of Business

Mailing Address

6852 W FLAGLER ST.
MIAMI, FL 33144

2801 S.W. 27 ST.
MIAMI, FL 33133
U.S.

2. Principal Place of Business

6852 W FLAGLER ST.

Suite, Apt. # etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33144

Country

U.S.

Country

4. FEI Number

65-0946847

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUEÑAS, EUMELIA
2801 S.W. 27 Street
MIAMI, FL 33133

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

Eumelia Dueñas

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

(NOTE: Registered Agent signature required when reinstating)

5/14/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!

After MAY 1, 2001

FEE IS \$150.00

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 PVSD
NAME DUEÑAS EUMELIA
STREET ADDRESS 2801 S.W. 27 Street
CITY-ST-ZIP MIAMI, FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600004271376-2
-05/18/01--01083--029
****150.00 ****150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600004271376-2
-05/18/01--01083--030
****150.00 ****150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

Eumelia Dueñas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

305-441-2225

Daytime Phone #

CR2E034 (11/00)