

2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0063317 AV

DOCUMENT # P99000090868

1. Entity Name
NUTRI-PLEX, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -4 PM 4:29



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5317 N.W. 35TH TERRACE
FORT LAUDERDALE FL 33309**

Mailing Address
**5317 N.W. 35TH TERRACE
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0955100

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COPANOS, JOHN~~
~~700 NE 7 AVE #4~~
~~FORT LAUDERDALE FL 33304~~

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 Delete
NAME **D COPANOS, JOHN**
STREET ADDRESS **700 NE 7 AVE #4**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01

Date

Daytime Phone #

CR2E034 (5/01)

Nutri-Plex, Inc.
5317 N.W. 35th Terrace
Ft. Lauderdale, Fla 33309
Ph: 954-486-4590
Fax: 954-486-7677

August 25, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500
Ref: 2001 Uniform Business Report (UBR)
Attn. Mr. Sean Toner

Document # P99000090868
Letter # 601A00047056
2001 Uniform Business Report
FEI# 65-0955100

Dear Mr. Sean Toner:

As per our telephone conversation on Friday, August 24, 2001, I am resubmitting the form 2001 Uniform Business Report (UBR). It seems that we never received the first 2001 Uniform Business Form, therefore, we could not send the report on time. I am resubmitting our check # 216 in the amount of \$150.00 dated July 30, 2001, made payable to the Department of State.

Again thank you for your help and consideration to this matter.

Sincerely



John Copanos