

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CONSTITUTION
ARTICLE VII, SECTION 10

1995



OFFICE OF THE SECRETARY OF STATE

AND

COMMISSIONER OF REVENUE

STATE OF FLORIDA

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38337

(4)

VITA-POTENCY, INCORPORATED

DO NOT WRITE IN THIS SPACE

3. Date this corporation is qualified
05/22/1992

3a. Date of last report
02/09/1994

4. FFI Number
59-3129260

Applied Fee
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intercepts for under S. 191.032
Florida Statute ☐ Yes ☐ No

2. Previous Principal Officers

2a. Mailing Address

21. Name

26. Name

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JERRYBANDAN, RAMNARINE
8514 ROSE GROVES RD
ORLANDO FL 32818

B1 Name

B2 Street Address, if P.O. Box Number is Not Applicable

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 191.031 and 191.032, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent under Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	DP
NAME	JERRYBANDAN, RAMNARINE
STREET ADDRESS	1240 S VINELAND RD., S-2
CITY & STATE	WINTER GARDEN FL
NAME	ST
NAME	MAHABIR, AMAWATTIE
STREET ADDRESS	1431 SACKETT CIR
CITY & STATE	ORLANDO FL
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
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14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and given and qualify for the reasons stated on this form. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramnarine Jerrybandan 5/2/95 407 242-1935

