

SENT BY: SAUL B. LIPSON & CO.;

9543443694;

MAY - 1 -

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91807 038 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000044328**1. Entity Name
HERBAL SENSATIONS, INC.
 Principal Place of Business
**3326 MARY ST
 STE 603
 COCONUT GROVE FL 33133
 US**

 Mailing Address
**3326 MARY ST
 STE 603
 COCONUT GROVE FL 33133
 US**


2. Principal Place of Business

3. Mailing Address

State, Apt., #, etc.

State, Apt., #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0626300**
☐ 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

**B & C CORPORATE SERVICES, INC.
 201 SOUTH BISCAYNE BLVD.
 SUITE 3000
 MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature Agent or printed name of registered agent with title if applicable

Printed Name of Agent if Agent is not a natural person

Date

☐ Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	DAZ, JOSE	
STREET ADDRESS	13783 SOUTH 68TH ST., SUITE 219	
CITY, ST, ZIP	MIAMI FL 33183	
TITLE	D	☐ Delete
NAME	NARANJO, EDUARDO	
STREET ADDRESS	13783 SOUTHWEST 68TH ST., SUITE 219	
CITY, ST, ZIP	MIAMI FL 33183	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
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CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 10 or Block 11 as changed, in each attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature