

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90024 001 ***150.00

DOCUMENT # P98000107578

1. Entity Name
HERBAL HEALTH PRODUCTS, INC.

Principal Place of Business
 6950 BRYAN DAIRY RD
 LARGO FL 33777

Mailing Address
 6950 BRYAN DAIRY RD
 LARGO FL 33777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 6925 112th Circle North

3. Mailing Address
 6925 112th Circle North

Suite, Apt. #, etc.
 Suite 101

Suite, Apt. #, etc.
 Suite 101

City & State
 Largo, FL

City & State
 Largo, FL

4. FEI Number **59-3550327**

Applied For
 Not Applicable

Zip **33773** Country **USA**

Zip **33773** Country **USA**

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

~~SEKHARAM, KOTHA S~~
 6950 BRYAN DAIRY RD
 LARGO FL 33777

Name **Jugal K. Taneja**

Street Address (P.O. Box Number is Not Acceptable)
6950 Bryan Dairy Road

City **Largo** FL Zip Code **33777**

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 Director DATE **4/23/01**

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.

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	DST	<input type="checkbox"/> Delete
NAME	TANEJA, JUGAL K	
STREET ADDRESS	6950 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SANTOSTASI, PAUL	
STREET ADDRESS	6950 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Shuman, Cani	
STREET ADDRESS	6925 112th Circle N., Suite 101	
CITY-ST-ZIP	Largo, FL 33773	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taneja, Mandeep K.	
STREET ADDRESS	6925 112th Circle N., Suite 101	
CITY-ST-ZIP	Largo, FL 33773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Director DATE **4/23/01** 727/544-8866

Signature and typed or printed name of signing officer or director. Daytime Phone #

0375386

CR2E034 (10/00)