

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046977

1. Entity Name

VITAL HERBS CO., INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90083 012 ***150.00

Principal Place of Business

975 ARTHUR GODREY RD
#211
MIAMI FL 33140

Mailing Address

975 ARTHUR GODREY RD
#211
MIAMI FL 33140-3329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

409 POINCIANA ISL. DR.

Suite, Apt. #, etc.

409 POINCIANA ISL. DR.

City & State

Sunny Isl Bch, FL

City & State

Sunny Isl. Bch, FL

Zip

33160

Country

Zip

33160

Country

4. FEI Number

65-0756195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIOS, LEOPOLDO
1800 W. 49TH ST
SUITE 215
HIALEAH FL 33012

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

Boris Boris Dorofeev, vice-president

04-28-00

Signature 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 \$150.00

After MAY 1, 2000 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 PD
NAME MIRONENKO, PAVEL
STREET ADDRESS 7 ST ACADEMICA BOCHVARA BLDG. 2 #176
CITY-ST-ZIP MOSCOW 123182 RUSSIA

TITLE VD
NAME DOROFEEV, BORIS
STREET ADDRESS 409 POINCIANA ISLAND DR.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 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:

Boris Boris Dorofeev, vice-president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)