

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

FILED

02 NOV 25 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500009200795  
11/25/02--01048--001 \*\*61.25

DOCUMENT # *P97000073309*  
1. Entity Name  
*NATURE'S BEST PRODUCE USA INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*3623 LITHIA PINECREST RD.*  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*VALRICO FL*  
Zip  
*33594*

City & State  
City  
Country  
Country

4. FEI Number  Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name *John W. Holmes*  
Street Address (P.O. Box Number is Not Acceptable)  
*3623 LITHIA PINECREST RD.*  
City *VALRICO, FL* Zip *33594*

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 *Maria Canadine* DATE *11/3/02*  
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. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES. MARIA CANADINE 3623 LITHIA PINECREST RD. VALRICO FL 33594.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRES. BRUCE CANADINE 3623 LITHIA PINECREST RD. VALRICO FL 33594</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Canadine* *MARIA CANADINE.* DATE *11/3/02* 813 654-2486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)