

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90075 018 ***150.00

DOCUMENT # F01000002140

1. Entity Name

HERITAGE HEALTH PRODUCTS COMPANY

Principal Place of Business

**7315 WEST FLAGLER ST
 MIAMI FL 33126**

Mailing Address

**400 NORTH LINK LANE
 FORT COLLINS CO 80524**

2. Principal Place of Business

8180 NW 36TH Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

City & State

miami, FL

City & State

4. FEI Number

84-1229228

Applied For

Not Applicable

Zip

Country

33166

USA

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

PADILLA, VIRGINIA

**7315 WEST FLAGLER ST
 MIAM FL 33125**

Name

Street Address (P.O. Box Number is Not Acceptable)

8180 NW 36TH Street

305

City

miami

FL

Zip Code

33166

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 Virginia Padilla Warehouse Administrator

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD SCHAKEL, KARL 400 NORTH LINK LANE FORT COLLINS CO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDING, WAYNE 4824 BRIAR RIDGE CT. BOULDER CO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLER, DAN 6445 SEPULVEDA BLVS STE 300 VAN NUYS CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHELAN, SHERRY 400 NORTH LINK LANE FORT COLLINS CO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Sherry Phelean
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02
 Date

910-484-7120
 Daytime Phone #

CR2E034 (9/01)