

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90316 038 ***550.00

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DOCUMENT # F98000001645

1. Entity Name

DAWA HEALTH PRODUCTS, INC.



Principal Place of Business

200 E. LAS OLAS BLVD., STE 1480
FORT LAUDERDALE FL 33301

Mailing Address

200 E. LAS OLAS BLVD., STE 1480
FORT LAUDERDALE FL 33301

2. Principal Place of Business

1133 S. UNIVERSITY DR

3. Mailing Address

1133 S. UNIVERSITY DR

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33324-3303

Country

USA

Zip

33324-3303

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0810290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NYMAN, MORT
200 E. LAS OLAS BLVD., STE 1480
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NYMAN, MICHAEL
200 E. LAS OLAS BLVD., STE 1480
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 382-2077

CR2E034 (4/03)