

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90021 034 ***158.75

DOCUMENT # K75832

1. Entity Name

C & M NATURAL PRODUCT CORPORATION

Principal Place of Business

P O BOX 1156
CHIEFLAND FL 32626
44

Mailing Address

P O BOX 1156 1247
CHIEFLAND FL 32626
44

2. Principal Place of Business

2202 N. Young Blvd
Suite, Apt. #, etc.
suite 502

3. Mailing Address

P.O. Box 1247
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Chiefland, FL

City & State

Chiefland, FL

4. FEI Number

59-2939033

Applied For

☒ Not Applicable

Zip

32626

Country

USA

Zip

32644

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, CRUZ M.
HIGHWAY 19 NORTH
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name

CAROL F. BROWN

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

2202 N. Young Blvd Highway 19 North
suite 502

City

Chiefland

FL

Zip Code

32626

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 Carol F. Brown - President

3-19-01

Signature, typed or printed name 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, 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

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	VELAZQUEZ, CRUZ M.	
STREET ADDRESS	HIGHWAY 19 NORTH	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VELAZQUEZ, CRUZ M.	
STREET ADDRESS	HIGHWAY 19 NORTH	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL F. BROWN	
STREET ADDRESS	Highway 19 North	
CITY-ST-ZIP	Chiefland, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol F. Brown	
STREET ADDRESS	Highway 19 North	
CITY-ST-ZIP	Chiefland FL	
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		
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: Carol F. Brown CAROL F. BROWN

3-19-01

352-483-4870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment #
K75832
5/6567

IN WITNESS WHEREOF I have hereunto set my hand and seal this 27TH day of
November, 2000.

Cruz M. Velazquez
CRUZ M. VELAZQUEZ

Janet E. McCathrin
Witness

Dorothy D. Phillips
Witness

STATE OF FLORIDA
COUNTY OF LEVY

WE, CRUZ M. VELAZQUEZ, JANET E. McCATHRIN and DOROTHY D. PHILLIPS, the testator and the witnesses, respectively, whose names are signed to the foregoing instrument, being sworn, hereby declare to the undersigned officer that the testator signed the instrument as his Last Will and that he signed voluntarily; and that each of the witnesses in the presence of the testator, and in the presence of each other, signed the Will as a witness, and he did take an oath.

Cruz M. Velazquez
Testator

Attachment #
K75832
5/6567

Last Will and Testament

OF

CRUZ M. VELAZQUEZ

I, **CRUZ M. VELAZQUEZ**, of Chiefland, Levy County, Florida, being of sound and disposing mind, memory and understanding, and not under the restraint or undue influence of any person do hereby make, publish and declare this to be my Last Will and Testament, hereby expressly revoking any and all Wills and Codicils by me heretofore made.

ITEM ONE

I direct that all my just debts, funeral expenses and other costs of the administration of my estate be paid out of the principal of my estate as soon as reasonably possible after my death.

ITEM TWO

I give, devise and bequeath the corporation and business I own known as CNM Natural Products, Inc., including the stock, inventory and accounts receivable to my friend, **CAROL BROWN**.

ITEM THREE

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

1. DECEDENT'S NAME FIRST: Cruz MIDDLE: Manuel LAST: Velazquez		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) February 6, 2001		4. SOCIAL SECURITY NUMBER 089-24-3324	
5a. AGE Last Birthday 75		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	
6. DATE OF BIRTH (Month, Day, Year) February 8, 1925		7. BIRTHPLACE (City and State or Foreign Country) Lastunas, Cuba	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO		9. INSIDE CITY LIMITS? (Yes or No) Yes	
10a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: Inpatient ER/Outpatient: XXX DOA: OTHER: Nursing Home: Residence: Other (Specify):		10b. CITY, TOWN, OR LOCATION OF DEATH Williston	
10c. COUNTY OF DEATH Levy		10d. DECEASED'S USUAL OCCUPATION Retailer	
10e. KIND OF BUSINESS/INDUSTRY Health Food		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced	
12. SURVIVING SPOUSE (If wife, give maiden name) None		13a. RESIDENCE - STATE Florida	
13b. COUNTY Levy		13c. CITY, TOWN, OR LOCATION Chiefland	
13d. STREET AND NUMBER 1251 CR 345		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4 or 5) 12	
17. FATHER'S NAME (First, Middle, Last) Cruz Velazquez		18. MOTHER'S NAME (First, Middle, Maiden Surname) Maria Almaguer	
19a. INFORMANT'S NAME (Type/Print) George Farah		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2240 NW 105th Street Miami, Florida 33147	
20a. METHOD OF DISPOSITION Burial: Cremation: Removal from State: Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Chiefland Cemetery	
20c. LOCATION - City or Town, State Chiefland, Florida		21a. NAME AND ADDRESS OF FACILITY Knauff Funeral Home 715 W. Park Avenue Chiefland, FL 32626	
21b. LICENSE NUMBER (of Licensee) 4232		21c. NAME AND ADDRESS OF FACILITY Knauff Funeral Home 715 W. Park Avenue Chiefland, FL 32626	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) [Signature]		22b. DATE SIGNED (Mo., Day, Yr.) FEBRUARY 21, 2001	
22c. HOUR OF DEATH 10:00 P		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Office of the Medical Examiner	
22e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) WILLIAM F. HAMILTON, M.D. 606 SW 3 Ave., Gainesville, FL 32601		22f. LOCAL REGISTRAR - SIGNATURE Susan L. Bagn CDR	
22g. DATE REGISTERED 2-27-01		22h. DATE REGISTERED 2-27-01	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Susan L. Bagn CDR

State Registrar

WARNING
12001651

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

DOH FORM 1584 (10/98)

CERTIFICATION OF VITAL RECORD