

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90272 028 \*\*\*\*50.00

**DOCUMENT # L01000017856**

1. Entity Name  
**MIRACLE HERBALS LLC**

Principal Place of Business  
**8011 CHIANTI DRIVE  
 ORLANDO FL 32836-5305**

Mailing Address  
**8011 CHIANTI DRIVE  
 ORLANDO FL 32836-5305**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**Post Office Box 1284**  
 Suite, Apt. #, etc.

City & State  
**WINDERMERE, FL 34786**

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**26-0016534**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NIRH, GUNVEEN  
 8011 CHIANTI DRIVE  
 ORLANDO FL 32836-5305**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GUNVEEN NIRH DRES</b> <input type="checkbox"/> Delete <b>8011 CHIANTI DRIVE ORLANDO, FL 32836</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANINDERS-NIRH</b> <input type="checkbox"/> Delete <b>MGR 8011 CHIANTI DRIVE ORLANDO, FL 32836</b>
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **5/1/02** **407-909-1773**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)