2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **L99000007615**

1. Entity Name
NATURAL HEALTH PRODUCTS, LLC

Principal Place of Business	Mailing Address
218 MEDITTERANEAN ROAD	218 MEDITTERANEAN ROAD
PALM BEACH FL 33480	PALM BEACH FL 33480

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number   **65-0961078**   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MIRKIN, MARK H	Name
1700 PALM BEACH LAKES BOULEVARD, #580	Street Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33401	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 _____

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS   **10.** ADDITIONS / CHANGES

	Name / Address	Delete			ADDITIONS/CHANGES
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ELLISON, RALPH M		NAME		
STREET ADDRESS	218 MEDITERRANEAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ELLISON, AMANDA J		NAME		
STREET ADDRESS	218 MEDITERRANEAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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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: _SIGN AMANDA J ELLISON MANAGER_   02/25/01   (561) 881-5748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #