

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 02, 2001 8:00 am
Secretary of State

05-18-2001 90019 038 ***150.00

DOCUMENT # P00000021759

1. Entity Name

ALTERNATIVE HEALTH, SKIN CARE AND NATURAL REMEDI

Principal Place of Business
3676 COLLIN DRIVE UNIT 2
WEST PALM BEACH FL 33406

Mailing Address
3676 COLLIN DRIVE UNIT 2
WEST PALM BEACH FL 33406

50075



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

650988157

Applied For

Not Applicable

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

AGUIRRE, BLANCA LUCIA
1248 SUNSET ROAD
WEST PALM BEACH FL 33406

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

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

BLANCA LUCIA AGUIRRE

6-25-01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUIRRE, BLANCA LUCIA 1248 SUNSET ROAD WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRIGNO, JAMES P 1248 SUNSET ROAD WEST PALM BEACH FL 33406	<input checked="" 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
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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:

Blanca Lucia Aguirre BLANCA LUCIA AGUIRRE 6-25-01 -
Signature and typed or printed name of signing officer or director Date

561-4334014

CR2E034 (10/00)