

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90150 012 \*\*\*150.00

**DOCUMENT # P00000021759**

1. Entity Name  
**ALTERNATIVE HEALTH, SKIN CARE AND NATURAL REMEDI  
ES P.A.**



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**

2. Principal Place of Business

**1248 SUNSET RD**

3. Mailing Address

**135 OLIVE TREE CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**GREEN ACRES FL**

City & State

**WEST PALM BEACH FL**

City & State

**33413**

Zip  
**33406**

Country

Zip

Country

4. FEI Number **65-0988157**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 **PD** ☐ Delete  
NAME **AGUIRRE, BLANCA LUCIA**  
STREET ADDRESS **1248 SUNSET ROAD**  
CITY - ST - ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
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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: **Blanca Lucia Aguirre**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-03**

Date

**(561) 433-9014**

Daytime Phone #

CR2E034 (10/02)