

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90001 007 ***158.75

DOCUMENT # P00000025706

1. Entity Name
NATURE WORKS FOR YOU, INC.

Principal Place of Business

**1001 NW 193RD AVE.
 PEMBROKE PINES FL 33029**

Mailing Address

**18459 PINES BLVD., STE. 190
 PEMBROKE PINES FL 33029**

2. Principal Place of Business

3341 N. UNIVERSITY DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**VASSALL, ALTHEA M
 1001 NW 193RD AVE.
 PEMBROKE PINES FL 33029**

4. FEI Number

65-0992341

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **D VASSALL, ALTHEA**
 STREET ADDRESS **1001 NW 193RD AVE.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
 NAME **D VASSALL, AYODELE**
 STREET ADDRESS **1001 NW 193RD AVE.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Althea M Vassall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/01

Date

954-322-5347

Daytime Phone #

CR2E034 (5/01)

Attachment
#P00000025706
A0081144

NATUREWORKS FOR YOU, INC
3341 N. UNIVERSITY DR, SUITE 2
DAVIE, FL 33024
954-322-5347

August 2, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Nature Works For You, Inc
TIN# 65-0992341

This letter serves to inform you that the Uniform Business Report and any previous document were delivered to the incorrect address, hence a delay in file submission. Please note the current address of this corporation as indicated above.

Enclosed is check # 2052 in the amount of One hundred & Fifty-Eight 75/100 Dollars (\$158.75) to cover the necessary filing fee (\$150) and certification of status fee (\$8.75).

If you have questions or concerns, please do not hesitate to contact me at 954-322-5347.

Sincerely,



Althea Vassall
President