

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
 02-09-2001 90231 045 ***150.00

DOCUMENT # P00000031850

1. Entity Name
NATUR STETIC, CORP.

Principal Place of Business
**717 PONCE DE LEON BLVD.
 #310
 CORAL GABLES FL 33134**

Mailing Address
**717 PONCE DE LEON BLVD.
 #310
 CORAL GABLES FL 33134**

714664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7274 NW 63 way
 Suite, Apt. #, etc.

3. Mailing Address
7274 NW 63 way
 Suite, Apt. #, etc.

City & State
Parkland FL
 Zip **33067** Country

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Parkland FL
 Zip **33067** Country

4. FEI Number **65-0994836** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNKLEY, LINDSAY
 717 PONCE DE LEON BLVD.
 #310
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ZAMYR RADA**
 Street Address (P.O. Box Number is Not Acceptable)
7274 NW 63 way
 City **Parkland** FL Zip Code **33067**

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 *ZamyR Rada* **Z** DATE **2/1/01**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSAB, AIXA 717 PONCE DE LEON BLVD. #310 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RADA, ALEJANDRO 717 PONCE DE LEON BLVD. #310 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADA, ZAMYR 717 PONCE DE LEON BLVD. #310 CORAL GABLES FL 33134 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7274 NW 63 way Parkland FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7274 NW 63 way Parkland FL 33067
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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: *Aixa Cassab* **2/1/01** **954 255 7851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)