

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056650

1. Entity Name

CERTIFIED HEALTH PRODUCTS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

19597 NE 10th Avenue

3. Mailing Address

19597 NE 10th Avenue

Suite, Apt. #, etc.

Unit "E"

Suite, Apt. #, etc.

Unit "E"

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33179

Country

USA

Zip

33179

Country

YSA

4. FEI Number

65-1016060

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

STANISLAV GOLDBERG

13700 NW 19th Avenue

Miami, FL 33054

Name STANISLAV GOLDBERG

Street Address (P.O. Box Number is Not Acceptable)

19597 NE 10th Avenue Suite "E"

City North Miami Beach

FL

Zip Code 33179

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 STANISLAV GOLDBERG

September 28, 2001

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 \$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 President /Director ☐ Delete
NAME Stanislav Goldberg
STREET ADDRESS 19597 NE 10th Avenue, Suite "E"
CITY-ST-ZIP North Miami Beach, FL 33179

TITLE Secretary ☐ Delete
NAME Irina Godlberg
STREET ADDRESS 19597 NE 10th Avenue, Suite "E"
CITY-ST-ZIP North Miami Beach, FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 100004705361
STREET ADDRESS -12/05/01-01017-007
CITY-ST-ZIP ***750.00 ***750.00

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

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

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: STANISLAV GOLDBERG, PRESIDENT

September 28, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV -8 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2001

PR2E034 (11/00)