

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90071 017 ***158.75

DOCUMENT # P00000066441

1. Entity Name

HERBAL HEALTH/NUTRITION INC.

Principal Place of Business

1318 N. STATE RD.7
LAUDERHILL FL

Mailing Address

P.O. BOX 590456
FT. LAUDERDALE FL 33359-0456

2. Principal Place of Business

630 South State Rd 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Zip

33068

Country

U.S.A.

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENAFIEL ROJAS, JORGE
1318 N. STATE RD.7
LAUDERHILL FL

7. Name and Address of New Registered Agent

Name

Jorge Penafiel

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

630 South State Road 7

City

Margate

Zip Code

33068

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's signature required when reinstating)

4-6-01

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 NAME STREET ADDRESS CITY-STATE-ZIP	PD PENAFIEL ROJAS, JORGE 1318 N. STATE RD.7 LAUDERHILL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD PENAFIEL, MARIA 1318 N. STATE RD.7 LAUDERHILL FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD PENAFIEL, JODI 1318 N. STATE RD.7 LAUDERHILL FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD PENAFIEL, RACHEL 1318 N. STATE RD.7 LAUDERHILL FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JORGE PENAFIEL

(954)973-1717

CR2E034 (10/00)