

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-07-2002 90297 001 ***150.00
 05-07-2002 90297 002 *****8.75

87885



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|--|---------|
| DOCUMENT # P00000066441 | | | |
| 1. Entity Name HERBAL HEALTH/NUTRITION INC. | | | |
| Principal Place of Business 630 SOUTH STATE RD 7 MARGATE FL 33068 | | Mailing Address P.O. BOX 590456 FT. LAUDERDALE FL 33359-0456 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | 630 SOUTH STATE RD 7 | |
| City & State | | City & State | |
| MARGATE, FL 33068 | | MARGATE, FL 33068 | |
| Zip | Country | Zip | Country |
| 33068 | U.S.A. | 33068 | U.S.A. |
| 4. FEI Number | | 5. Certificate of Status Desired | |
| 65-1079403 | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PENAFIEL ROJAS, JORGE | | Name | |
| 630 SOUTH STATE RD 7 | | Street Address (P.O. Box Number is Not Acceptable) | |
| POMPANO BEACH FL 33068 | | 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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PENAFIEL ROJAS, JORGE 1318 N. STATE RD.7 LAUDERHILL FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PENAFIEL ROJAS, JORGE 630 SOUTH STATE RD 7 MARGATE, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/25/02 (954) 973-1717
 Day Phone

CR2E034 (9/01)