

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91372 024 ***158.75

DOCUMENT # P00000066441



1. Entity Name
HERBAL HEALTH/NUTRITION INC.

Principal Place of Business
**630 SOUTH STATE RD 7
MARGATE FL 33068**

Mailing Address
**630 SOUTH STATE RD 7
MARGATE FL 33068**



2. Principal Place of Business
620 S. Main St.
Suite, Apt. #, etc.

3. Mailing Address
620 S. Main St.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Gainesville, FL
Zip
32601 Country
U.S.A

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Gainesville, FL
Zip
32601 Country
U.S.A

4. FEI Number
65-1079403

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
630 SOUTH STATE RD 7
POMPANO BEACH FL 33068**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
620 S. Main Street.
City **Gainesville, FL** Zip Code **32601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

DATE **4/24/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENAFIEL ROJAS, JORGE 630 S STATE RD 7 POMPANO BEACH FL 33068	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Penafiel Rojas, Jorge 620 South Main St. Gainesville, FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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**

4/24/03 **(352) 323-1288**
Date Daytime Phone #

CR2E034 (10/02)