

FROM : SILVA'S ENTERPRISE, INC

FAX NO. : 305 9440955

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90355 028 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P0000007100-38**

1. Entity Name

NATURAL LIFE INTERNATIONAL CENTER INC

Principal Place of Business

Mailing Address

10710 N.W 66th STREET # 407
Miami, FL 33178
B0054173

2. Principal Place of Business

3. Mailing Address

10710 N.W 66th Street # 407

Suite, Apt. #, etc.

407

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

4. FEI Number

65-103-2236

Applied For

Not Applicable

Zip

33178

Country

Zip

Country

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

Name

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

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 reappointing)

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11.1 NAME: Hanneke Barros ☐ Delete STREET ADDRESS: 10710 N.W 66th street # 407 CITY-ST-ZIP: Miami, FL 33178	12.1 TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
11.2 NAME: ☐ Delete STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	12.2 TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
11.3 NAME: ☐ Delete STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	12.3 TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
11.4 NAME: ☐ Delete STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	12.4 TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
11.5 NAME: ☐ Delete STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	12.5 TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-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

Hanneke Barros**3-13-02****305-477-3330**

Date

Telephone Number