

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90032 002 ***550.00

DOCUMENT # P00000084539

1. Entity Name

NATURA CONSULTANT INC.

Principal Place of Business

% NOELLA FOURNIER
7960 NW 50TH STREET, #204
LAUDERHILL FL 33351

Mailing Address

% NOELLA FOURNIER
7960 NW 50TH STREET, #204
LAUDERHILL FL 33351

2. Principal Place of Business

5380 N OCEAN DR.

3. Mailing Address

5380 N OCEAN DR.

Suite, Apt. #, etc.

76

Suite, Apt. #, etc.

76

City & State

SINGER ISLAND, FL

City & State

SINGER ISLAND, FL

Zip

33404

Country

USA

Zip

33404

Country

USA

4. FEI Number

65-1044013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOURNIER, NOELLA

7960 NW 50TH STREET, #204

LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name

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

5380 N OCEAN DR

APT. 76

City

SINGER ISLAND

FL

Zip Code

33404

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) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **FOURNIER, NOELLA**
STREET ADDRESS **7960 NW 50TH STREET, #204**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE **D** ☒ Delete
NAME **HERNANDEZ, ARTEMIO**
STREET ADDRESS **5401 SW 12TH STREET, #114C**
CITY-ST-ZIP **N. LAUDERDALE FL 33068**

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 **5380 N OCEAN DR # 76**
CITY-ST-ZIP **SINGER ISLAND, FL 33404**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-01-01 561-882-1766

Date

Daytime Phone #

CR2F034 (5/01)