4/7

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-07-2001 90022 035 ***150.00

DOCUMENT # P00000101015

1. Entity Name
NATUREEF SALES CORP., INC.

Principal Place of Business	Mailing Address
3890 W. COMMERCIAL BLVD. SUITE 214 FORT LAUDERDALE FL 33309	3890 W. COMMERCIAL BLVD. SUITE 214 FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5098 N.W. 37th AVE	5098 N.W. 37th AVE
Suite, Apt. #, etc. A	Suite, Apt. #, etc. A
City & State TAMARAC, FL	City & State TAMARAC, FL
Zip 33309 Country BROWARD	Zip 33309 Country BROWARD

4. FEI Number 651049104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLOSTERMANN, ADOLF
3890 W. COMMERCIAL BLVD.
SUITE 214
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name KLOSTERMANN, ADOLF
Street Address (P.O. Box Number is Not Acceptable) 6911 SW 7TH COURT
City NORTH LAUDERDALE FL 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 ADOLF KLOSTERMANN [signature] 4/2/01
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 $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	
TITLE	D ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	KLOSTERMANN, ADOLF	NAME	KLOSTERMANN, ADOLF
STREET ADDRESS	3890 W. COMMERCIAL BLVD.	STREET ADDRESS	6911 SW 7th COURT
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	☐ Delete	TITLE	SECRETARY/TREASURER ☐ Change ☒ Addition
NAME		NAME	KLOSTERMANN BONNIE
STREET ADDRESS		STREET ADDRESS	6911 SW 7th COURT
CITY-ST-ZIP		CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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] ADOLF KLOSTERMANN 4/02/01 9547334023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #