

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103416

1. Entity Name

NATURE'S LABS USA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90115 032 ***150.00

Principal Place of Business

967 N.W. 106TH AVE. CIRCLE
MIAMI FL 33172

Mailing Address

967 N.W. 106TH AVE. CIRCLE
MIAMI FL 33172

2. Principal Place of Business

New address
7400 S.W. 112 ST
Suite, Apt. #, etc.

3. Mailing Address

7400 S.W. 112 ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL
Zip 33156 Country

City & State

Miami, FL
Zip 33156 Country

4. FEI Number

65-1053977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTALVAN, LUISA
967 N.W. 106TH AVE. CIRCLE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Montalvan Luisa

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

7400 S.W. 112 ST

City

Miami

FL

Zip Code

33156

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's 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAMBRANO, PETRA	
STREET ADDRESS	967 N.W. 106TH AVE. CIRCLE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONTALVAN, LUISA E	
STREET ADDRESS	967 N.W. 106TH AVE. CIRCLE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MONTALVAN, BERNA	
STREET ADDRESS	967 N.W. 106TH AVE. CIRCLE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Berna Montalvan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)