## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State P00000103416 DOCUMENT # 1. Entity Name NATURE'S LABS USA, INC. Mailing Address Principal Place of Business 7400 SW 112TH STREET 7400 SW 112TH STREET MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1053979 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONTALVAN, LUISA Street Address (P.O. Box Number is Not Acceptable) 7400 SW 112TH STREET **MIAMI FL 33156** Zip Code City Fl 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2F034 (9/01 Change ☐ Delete TITLE ZAMBRANO, PETRA NAME NAME 7400 SW 112 Street 967 N.W. 106TH AVE. CIRCLE STREET ADDRESS STREET ADDRESS Miami, FLorida 33154 **MIAMI FL 33172** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 7400 SW 112 Street MONTALVAN, LUISA E NAME NAME 967 N.W. 106TH AVE. CIRCLE STREET ADDRESS Miami, FLorida 33156 STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE 7400 SW 112 Street Montalvan, Berna NAME NAME 967 N.W. 106TH AVE. CIRCLE STREET ADDRESS STREET ADDRESS Miami, FLorida 33156 MIAMI FL 33172 CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT: F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP



Date

Daytime Phone #