## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P00000111220 1. Entity Name NATURA PRODUCE INC. 04-24-2001 90280 015 \*\*\*150.00 Principal Place of Business Mailing Address 7001 N.W. 51ST STREET 7001 N.W. 51ST STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-1084273 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANCHEZ, GREGORIO J Street Address (P.O. Box Number is Not Acceptable) 7001 N.W. 51ST STREET MIAMI FL 33166 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. $\Box$ Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE Change ☐ Addition ☐ Delete TITLE MUELA, ANTONIO J NAME NAME 7001 N.W. 51ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SANCHEZ, GREGORIO J NAME NAME 7001 N.W. 51ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33166** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SIEZIP\_-CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with the indicated on this report or supplemental report is the of the corporation or the receiver or trustee empower. changed, or on an attachment with an address s, with er like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

SANCHEZ GREGORIOT. 04-18-01 786-251-0113
ED NAME OF SIGNING OFFICER OF DIRECTOR

Date

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