

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90448 001 ***150.00

DOCUMENT # P01000028449

1. Entity Name

NATURAL SLIM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10380 W. Flagler Street

Suite, Apt. #, etc.

3. Mailing Address

10380 W. Flagler Street

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-1084668

Applied For
Not Applicable

Zip
33174

Country
USA

Zip
33174

Country
USA

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

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80064350

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALFREDO DORTA

Street Address (P.O. Box Number is Not Acceptable)
10380 W. Flagler Street

City Miami **FL** **Zip Code** 33174

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE P
NAME ALFREDO DORTA
STREET ADDRESS 10380 W. Flagler Street
CITY-ST-ZIP Miami, Florida 33174

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO DORTA, PRES.

Date

Daytime Phone #

04/01/2002 (305) 225-9408

CR2E034B (12/01)