

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90053 026 ***150.00

DOCUMENT # P01000030484

1. Entity Name
NATURE INVESTMENTS, INC.

Principal Place of Business

**220 71 ST. STE 207
MIAMI BEACH FL 33141**

Mailing Address

**220 71 ST. STE 207
MIAMI BEACH FL 33141**

2. Principal Place of Business

6065 NW 167th ST.

3. Mailing Address

SAME AS BUSINESS

Suite, Apt. #, etc.

SUITE B-19

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-1086503

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELO, WILLIAM

220 71 ST, STE 207

MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

WILLIAM ANGELO PITARELLO

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

6065 NW 167th ST. SUITE B-19

City

MIAMI

FL

Zip Code

33015

8. The above named entity signs 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

01/24/02

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, 2002 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 **PST P, T** ☐ Delete
NAME **VIDOTTO, DANIEL P**
STREET ADDRESS **220 71 ST, STE 207**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V. PRES. / SECRETARY** ☐ Change ☒ Addition
NAME **WILLIAM ANGELO PITARELLO**
STREET ADDRESS **6065 NW 167th ST. SUITE B-19**
CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-02

Date

Daytime Phone #

CR2E034 (9/01)