## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000030484 **DOCUMENT #**

1. Entity Name

NATURE INVESTMENTS, INC.



**FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90176 022 \*\*\*158.75

				2.72		
Principal Place of Business 6065 NW 167TH ST STE B 19 MIAMI FL 33015		Mailing Address 6065 NW 167TH ST STE B 19 MIAMI FL 33015				
2. Principal F	Place of Business	3. Mailing Address				
SAME			SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State				Applied For Not Applicable
Zip Country		Zip	Countr	у	5. Certificate of Status Desired \$8.75 A	Additional
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New Registered Agent	
				Name	LIAM ANGELO PITARE	illo
WILLIAM, ANGELO D				Street Address (P.O. Box Number is Not Acceptable)		
6065 NW 167TH ST STE B 19						
MIAMI FL 33015					O COLLINS AUE. # 104	
		/		City ~ /	AMI FL Zip Co	ode 33/40
. The above	named entity submits this stateme	nt for the purpose of chang	ging its registered	office or registe	ered agent, or both, in the State of Florida. I am familiar wit	
the obligat	tions of registered agent.					/
SIGNATURE	1 1000	WI L	CIANI	ANGEL	- PITARELLO 2/17	7/03
<u>.</u>		agent and title if applicable.	(NOTE: Registered	Agent signature require	d when reinstating) DATE /	
	ILE NOW!!! FEE IS \$150.00				B Floation Compaign Financing AF	00
	May 1, 2003 Fee will be \$550.					.00 May Be led to Fees
	R Payable to Florida Departmen					
0.	·	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
ITLE AME	PT VIDOTTO, DANIEL P	☐ Delet		ρ.τ	[=] Glibrigo	e 🔲 Addition
TREET ADDRESS	220 71 ST, STE 207		NAME STREET	EET ADDRESS 5600 COLLINS AUE. 184		
ITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-S	T-ZIP	ami BENCH, FL. 33140	2
ITLE	vs	□ Delet	e TITLE	V. S	· DChange	
AME	WILLIAM, ANGELO D		NAME	PITA	ARELLO, WILLIAM A.	
TREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET	ADDRESS 560	O COLLINS AUE. 10 Y	
TY-ST-ZIP	MIAMI FL 33015		CITY-S	T-ZIP N 1	MI BEACH FL. 33140	
TLE		☐ Delete	e TITLE		☐ Change	Addition_
AME~~ ~	<del></del>		NAME			
TREET ADDRESS				ADDRESS		
TI.S			CITY-S	1-ZIP		
TLE Ame		☐ Delete			☐ Change	Addition
rne Treet address			NAME STREET	ADDRESS		
ITY-ST-ZIP			CITY-S			; 
TLE	70	☐ Delete			☐ Change	Addition
ame Freet address			NAME	4D00500		
TY-ST-ZIP			CITY-S	ADDRESS T-7IP		
TLE						
AME		☐ Delete	TITLE NAME		☐ Change	☐ Addition
REET ADDRESS				ADDRESS		
TY-ST-ZIP	N		CITY-S	ſ-ZIP		}
2. I hereby of indicated	ertify that the information supplied on this report or supplemental trep	with the filing does not qua	alify for the exemp	otion stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the	information
of the corp	poration or the receiver or trublee or on an attachment with action	powered to execute this	report as required	by Chapter 607	same legal effect as if made under oath; that I am an office 7. Florida Statutes; and that my name appears in Block 10 o	or Block 11 if
changed,	or on an attachment with and	oo, with all other like empol	werea.			

changed, or on an attachment with SIGNATURE:

MATURURE REMINISER MASELLO AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)825 5888