

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90100 033 ***150.00

DOCUMENT # P01000039152

1. Entity Name
NATURA COSMETICS INC.

Principal Place of Business

~~8615 S.W. 127TH STREET~~
~~MIAMI FL 33156~~

Mailing Address

~~8615 S.W. 127TH STREET~~
~~MIAMI FL 33156~~

2. Principal Place of Business

7795 West Flagler
 Suite, Apt. #, etc.

3. Mailing Address

7795 West Flagler #106
 Suite, Apt. #, etc.

City & State

MIA. FL

City & State

MIA. FL

4. FEI Number

65-1100755

Applied For

Not Applicable

Zip

33144

Country

Dade

Zip

33144

Country

U.S. A

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~VERGARA, JOSE~~
~~8615 S.W. 127TH STREET~~
~~MIAMI FL 33156~~

7. Name and Address of New Registered Agent

Name **Katherine Paz**
 Street Address (P.O. Box Number is Not Acceptable)
8455 S.W. 104 ST
 City **Miami** **FL** Zip Code **33156**

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 **Katherine Paz**

Signature of individual, printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

04-19-02
 DATE

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VERGARA, JOSE	
STREET ADDRESS	8615 S.W. 127TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHERINE PAZ	
STREET ADDRESS	8455 S.W. 104 ST	
CITY-ST-ZIP	Miami-FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-02
 Date

Daytime Phone #

CR2E034 (9/01)