

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90093 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084587

1. Entity Name

Bio-natural Global Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5630 N.W. 122 Terrace

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8943

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Chula Vista CA

4. FEI Number

651133851

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Nury B. Taborda

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

5630 N.W. 122 Terrace

City Coral Springs

FL

Zip Code 33076

**DO NOT WRITE
IN THIS SPACE**

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 is required when not working)

DATE

05-01-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 to May 1 Fee is \$150.00

After May 1, Fee is \$560.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIP**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

Date

Signature Phone #

CR2E03MB (12/01)