

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096008

1. Entity Name
NATURALIFE PRODUCTS, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-13-2002 90224 031 ***150.00

42093

Principal Place of Business
3311 NW 74TH AVE
MIAMI FL 33122

Mailing Address
3311 NW 74TH AVE
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0568158

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTOTO, TEDDY L
7721 SW 62ND AVE, SUITE 101
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
MOTTA, IVAN G
3311 NW 74TH AVE
MIAMI FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOMENECH, CLAUDIA
3311 NW 74TH AVE
MIAMI FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

VICE PRESIDENT

Date

Daytime Phone

8/8/02

CR2E034 (4/02)

Attachment

~~888~~ 42093
001000096008



Naturalife Products Inc.

3311 NW 74 th Ave
Miami, Florida 33122

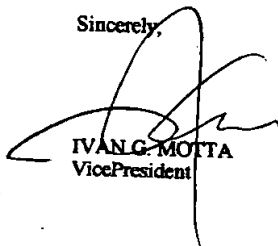
Compensial®
Rowe®

Miami, August 8th, 2002

Florida Department of State
Uniform Business Report

Enclosed you'll find a check in the amount of US\$150.00, unfortunately we did not receive the original filing form sent to us by your office in the beginning of the year, thanks for helping us in this matter and if you have any question, please do not hesitate to call me at (800) ROWE-USA.

Sincerely,


IVAN G. MOTTA
Vice President