

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90712 007 ***150.00

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DOCUMENT # P01000102332

1. Entity Name
BACK TO NATURE HEALTH FOOD, INC.



Principal Place of Business
1217 - 47TH TERRACE
CAPE CORAL FL 33904

Mailing Address
1217 - 47TH TERRACE
CAPE CORAL FL 33904



2. Principal Place of Business
1217 SE 47th Terrace
Suite, Apt. #, etc.

3. Mailing Address
1217 SE 47th Terrace
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Cape Coral FL
Zip
33904
Country
U.S.

City & State
Cape Coral FL
Zip
33904
Country
U.S.

4. FEI Number 65-1140701

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AHMAD, C-ZUBAIR
1217 - 47TH TERRACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
AHMAD C-ZUBAIR
Street Address (P.O. Box Number is Not Acceptable)
1217 SE 47th Terrace
City CAPE CORAL FL Zip Code 33904

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

Zubair

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AHMAD, C-ZUBAIR
1217 - 47TH TERRACE
CAPE CORAL FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.P.V.P.S.T.
AHMAD, C-ZUBAIR
1217 SE 47th Terrace
CAPE CORAL FL 33904 ☒ Change ☐ Addition

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

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Zubair 2-15-03 239-5197667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)