

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90172 026 \*\*\*150.00

**DOCUMENT # P01000109393**

1. Entity Name  
**ANA'S NATURAL LIFE INC.**

Principal Place of Business

**2301 SANTA LUCIA ST  
 KISSIMMEE FL 34743**

Mailing Address

**2301 SANTA LUCIA ST  
 KISSIMMEE FL 34743**

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

**01-070 76 30**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVA, JESUS M  
 2301 SANTA LUCIA ST  
 KISSIMMEE FL 34743**

Name

**RAMON A GONZALEZ**

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

**2704 GREEN MEADOWS CIRCLE**

**KISSIMMEE, FL 34741**

City

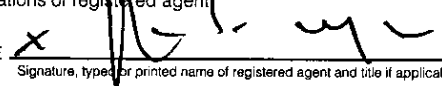
**KISSIMMEE**

FL

Zip Code

**34741**

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 **7/24/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD PERAZA, ANA**  
 STREET ADDRESS **2301 SANTA LUCIA ST**  
 CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE ☒ Delete  
 NAME **TD SILVA, JESUS M**  
 STREET ADDRESS **2301 SANTA LUCIA ST**  
 CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE ☐ Delete  
 NAME **T.D. LOURDES PORTALATIN**  
 STREET ADDRESS **2704 GREEN MEADOWS CIRCLE**  
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Change ☒ Addition  
 NAME **T.D. LOURDES PORTALATIN**  
 STREET ADDRESS **2704 GREEN MEADOWS CIRCLE**  
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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

DATE **7/24/02** 407-812-9638  
 Daytime Phone #

CR2E034 (4/02)



**Alfonso Cordero C.P.A., P.A.**  
Certified Public Accountant

1310 North Main Street  
Suite 107  
Kissimmee, Florida 34741

Phone: (407) 931-0002  
Fax: (407) 931-1334  
Email: corderocpa@aol.com

**Services:**

Income Tax  
(business and  
personal)

Accounting  
Consulting  
Budgeting  
SBA Loans  
IRS e-file

New Business Setup  
Tax Planning  
Experience in Nonprofit  
organizations

**Business Hours:**

Monday to Friday  
9:00 AM to 5:00 PM  
Saturdays and week days  
extended hours  
during tax season

**Our Commitment:**

There is nothing  
more personal than  
your income taxes.  
That's why we go  
out of our way to be  
accessible to you,  
to listen to your  
concerns, and  
provide you with  
the individual  
attention you deserve.

"Your success is our success."

Call today for an appointment.

Attachment

P01000109393  
675324

July 24, 2002

Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re. Anas Natural Life, Inc.

Document Number: P01000109393

2002 Annual - Uniform Business Report

Dear: Sir

This letter is in response to your communication dated June 11, 2002 on which you requested the annual report for said corporation. Ms. Peraza had not received any previous documentation from you, nor had any idea, that said report was due, please accept her apology and receive the \$150.00 that is due for said renewal. We request that waive said penalty that is due because of the circumstances mentioned above. We have noted on our calendar so that in the future this will not reoccur. Should you have any question on the enclosed, please give us a call at 407-931-0002. Thank you.

Sincerely,

  
Julian Vasquez

Manager  
Kissimmee Office