


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90231 017 \*\*\*150.00

**DOCUMENT #** P01000111459

**1. Entity Name**  
NATURAL BRIGHT INC.



**Principal Place of Business**  
15429 SW 85 LANE  
MIAMI FL 33193

**Mailing Address**  
15429 SW 85 LANE  
MIAMI FL 33193



**2. Principal Place of Business**  
11727 SW 110 Lane  
Suite, Apt. #, etc.

**3. Mailing Address**  
P O Box 160 488  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
Miami, FL

**City & State**  
MIAMI FL

**Zip**  
33186

**Country**  
USA

**Zip**  
33114

**Country**  
USA

**4. FEI Number** 65-1153255

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

**6. Name and Address of Current Registered Agent**  
SIFREDO, LEONOR  
423 WEST 12TH PLACE  
HIALEAH FL 33010

**7. Name and Address of New Registered Agent**  
Name: Maria a Quintana  
Street Address (P.O. Box Number is Not Acceptable): 11727 SW 110 Lane  
City: Miami FL Zip Code: 33186

**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]* (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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUINTANA, MARIA A	
STREET ADDRESS	15429 SW 85 LANE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUINTANA, EDUARDO J	
STREET ADDRESS	15429 SW 85 LANE	
CITY-ST-ZIP	MIAMI FL 33193	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, MARIA A	
STREET ADDRESS	11727 SW 110 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, EDUARDO J	
STREET ADDRESS	11727 SW 110 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
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		

**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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Feb 12 / 2003** **(305) 271-0205**

CR2E034 (10/02)