

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117694

1. Entity Name
THE INTERNATIONAL ASSOCIATION OF CERTIFIED NATURAL HEALTH COUNSELORS, INC.

Principal Place of Business
4343 W. FLAGLER ST.
#302-E
MIAMI FL 33134

Mailing Address
4343 W. FLAGLER ST.
#302-E
MIAMI FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

DE LA TORRE, GEORGE MD
4343 W. FLAGLER ST.
#302-E
MIAMI FL 33134

Name

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

City

FL

Zip Code

4. FEI Number

65-1157876

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

D
DE LA TORRE, GEORGE
4343 W. FLAGLER ST. #302-E
MIAMI FL 33134

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

3. 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

07-12-02 (305)5292814

Date

CR2E034 (4/02)

INTERNATIONAL ASSOCIATION OF
CERTIFIED NATURAL HEALTH COUNSELORS
Ibero-American Division

4343 W. Flagler st. Suite 302-E
Miami Florida 33134
Phone 305-529 2814
Fax 305-529 2874
Email: IACNHCDiv1@aol.com

George de la Torre M.D., N.D.
Chairman and Director

Octubre 22nd, 2002

División of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Reference: UNIFORM BUSINESS REPORT YEAR 2002
PO1000117694

Gentleman:

May this letter serve as notification that on July 12, 2002 I submitted to your office our check in the amount of \$150.00 to cover corporation fees year 2002.

On July 11th, 2002 I spoke with your representative Steve in order to explain that my lateness on such report was due to not receiving the original report due on May 1.

Your representative waived late charges and a check number 1077 for \$150.00 was issued. Today when I spoke to your department I was told that you required a written notification of the causes of such lateness, this letter may serve such purposes.

If you may have any additional information please do not hesitate to contact us at your convenience.

Thank You, Sincerely



GEORGE DE LA TORRE