## **UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -5 AM 8:58

DOCUMENT #  1. Entity Name	P01000122300
CIDMA NATURAL	PRODUCTS, INC



DO NOT WRITE IN THIS SPACE  2687 SW 25TH TERRACE City MIAMI  8. The above named equity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.  Signature Nyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  January 1 - May 1, Fee is \$150,00 After May 1, Fee is \$150,00 After May 1, Fee is \$150,00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE NAME SIREET ADDRESS CITY-S1-ZIP  ITILE NAME STREET ADDRESS CITY-S1-ZIP  DS/PEDRO M DIAZ/ 7933 W DR #921/N.BAY VILLAGE, FL 33141.  CITY-S1-ZIP  DS/PEDRO M DIAZ/ 7933 W DR #921/N.BAY VILLAGE, FL 33141.  Street Address (P.O. Box Number is Name to Percent Address) (NOTE: Registered Agent signature required when reinstaling)  9. Election Trust Fur  NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP	DO NOT WRITE IN THIS SPACE    V   Applied For   Not Applicable   tus Desired   \$8.75 Additional   Fee Required   ss of Current Registered Agent		
2687 SW 25TH TERRACE  Suite, Apt. #, etc.  City & State MIAMI FL  Zip 33133  Country 31333  Coun	V   Applied For   Not Applicable   \$8.75 Additional   Fee Required		
Suite, Apt. #, etc.    Suite, Apt. #, etc.	V   Applied For   Not Applicable   \$8.75 Additional   Fee Required		
MIAMI FL Zip 33133  Country  Signature hyper dispersed agent.  Signature hyper dispersed agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee is \$550.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  19. OFFICERS AND DIRECTORS  IIILE  NAME STREET ADDRESS CITY-S1-ZIP  DS/PEDRO M DIAZ/ 7933 W DR #921/N.BAY VILLAGE, FL 33141.  DS/PEDRO M DIAZ/ 7933 W DR #921/N.BAY VILLAGE, FL 33141.	Not Applicable tus Desired \$8.75 Additional Fee Required		
Zip 33133  Country Zip 33133  Country Zip 33133  7. Name and Addre Name PEDRO M DIAZ Street Address (P.O. Box Number is N 2687 SW 25TH TERRACE City MIAMI  8. The above named exhity submits this statement for the purpose of changing its registered agent, or both, in the obligations of registered agent.  SIGNATURE Signature hyped or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  ITILE NAME STREET ADDRESS CITY-ST-ZIP  DS/PEDRO M DIAZ/ 7933 W DR #921/N.BAY VILLAGE, FL 33141.  Country  5. Certificate of State  City Name pedro M DIAZ  (NOTE: Registered Agent signature required when reinstating)  9. Election Trust Fu  NAME STREET ADDRESS CITY-ST-ZIP  DS/PEDRO M DIAZ/ 7933 W DR #921/N.BAY VILLAGE, FL 33141.  City NAME STREET ADDRESS CITY-ST-ZIP  DS/PEDRO M DIAZ/ 7933 W DR #921/N.BAY VILLAGE, FL 33141.	tus Desired S8.75 Additional Fee Required		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  V/ MARIO MURGUIDO/ 590 SW 5 AVE MIAMI, FL 33130  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DS/PEDRO M DIAZ/ 7933 W DR #921/N.BAY VILLAGE, FL 33141.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Campaign Financing \$5.00 May Be d Contribution.		
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	CRZE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  DP/HUGO E CEPEDA/248 NW 106TH AVE PEMBROKE PINES, FL 33026.  ETITLE NAME STREET ADDRESS CITY-ST-ZIP  DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  DT/SUSANA DIAZ ALMANSA /9930 SW 19TH ST MIAMI, FL 33165  IN 1  STREET ADDRESS CITY-ST-ZIP	HIS SPACE		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP			
TITLE         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP			

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

three Ceseda SIGNATURE AND REPORTED NAME OF SIGNING OFFICER OF SIRECTOR

JI slo

Attachment

## CIDMA NATURAL PRODUCTS, INC 2687 SW 25<sup>TH</sup> TERRACE MIAMI, FL 33133

APRIL 23, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

RE: CIDMA NATURAL PRODUCTS, INC DOCUMENT #P00000070102

TO WHOM IT MAY CONCERN:

WE NEVER RECEIVED THE NOTICE OF 2002 AND 2003 UNIFORM BUSINESS REPORT AND FOR THIS REASON WE WERE NOT ABLE TO SENT THE 2002 REPORT ON TIME. PLEASE WAIVE ANY PENALTIES.

ATTACHED YOU WILL FIND OUR 2003 UNIFORM BUSINESS REPORT AND A CHECK FOR \$300.00 FOR 2002 & 2003.

ANY QUESTIONS OR CONCERNS FEEL FREE TO CONTACT US.

SINCERELY YOURS.

HUGØ E CEPEDA PRESIDENT