

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -5 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122300

1. Entity Name

CIDMA NATURAL PRODUCTS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2687 SW 25TH TERRACE

3. Mailing Address
2687 SW 25TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33133

Country

Zip
33133

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PEDRO M DIAZ**

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

2687 SW 25TH TERRACE

City **MIAMI**

FL

Zip Code
33133

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

Pedro M Diaz

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**V/ MARIO MURGUIDO/ 590 SW 5 AVE
MIAMI, FL 33130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000018941610
05/14/03--01051--028 **300.00**

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
**DP/HUGO E CEPEDA/248 NW 106TH AVE
PEMBROKE PINES, FL 33026.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT/SUSANA DIAZ ALMANSA /9930 SW
19TH ST MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugo Cepeda

04/23/03

Date

(305) 857-5015

Daytime Phone #

CRZE034B (12/02)

2/5/8

Attachment

CIDMA NATURAL PRODUCTS, INC
2687 SW 25TH 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,



HUGO E CEPEDA
PRESIDENT