

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90080 017 \*\*\*150.00

0130734 AT

**DOCUMENT # P02000012890**

1. Entity Name  
**US NATURAL CONCEPTS INC.**



Principal Place of Business  
**P.O. BOX 160388**  
**MIAMI FL 33116-0388**

Mailing Address  
**P.O. BOX 160388**  
**MIAMI FL 33116-0388**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DELGADO, VOLNEY**  
**10946 SW 138TH PLACE**  
**MIAMI FL 33186**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **DELGADO, VOLNEY**  
STREET ADDRESS **10946 SW 138TH PLACE**  
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03

Date

(305) 228-7623

Daytime Phone #

CR2E034 (4/03)

# Attachment #

90144664  
P02000012890

REF: U.S. Natural Concepts, Inc.  
FEI# 65-1163611

Dear Sir/Madam:

I have not received any uniform Business Report before this one. I have tried to reach your office several times but no live person answers. The recording states that if you did not receive a uniform business report (UBR) to send \$150- and a letter explaining this.

If there is any questions or comments please feel free to call me at the phone number provided.

Thanking you in Advance,

Volney Delgado

Volney Delgado  
President

U.S. Natural Concepts, Inc.  
P.O. Box 160388  
Miami, FL 33116