

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2003 8:00 am**  
**Secretary of State**

06-20-2003 90027 004 \*\*\*150.00

**DOCUMENT# P02000015876**

1. Entity Name

**NATIVE PRODUCT CORP.**

Principal Place of Business	Mailing Address
161 NE 38TH ST SUITE 28 FT LAUDERDALE FL 33334	161 NE 38TH ST SUITE 28 FT LAUDERDALE FL 33334

2. Principal Place of Business <b>4014 NE 5TH AVE</b>	3. Mailing Address <b>4014 NE 5TH AVE</b>
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Suite Apt. #, etc.	Suite. Apt. #. etc.
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City & State <b>OAKLAND PARK, FL</b>	City & State <b>OAKLAND PARK, FL</b>
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Zip <b>33334</b>	Country <b>USA</b>	Zip <b>33334</b>	Country <b>USA</b>
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4. FEI Number <b>01-0612704</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VERCOSA REBELLO, LUIS CLAUDIO**  
**161 NE 38TH ST SUITE 28**  
**FT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name <b>TAX HOUSE CORPORATION</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1261 E SAMPLE ROAD</b>
City <b>POMPANO BEACH</b>
State <b>FL</b>
Zip Code <b>33064</b>

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.

SIGNATURE:  **06/12/03**  
Signature, typed or printed name of registered agent and true 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 \$150.00**  
**After MAY 1, 2003 Fee will be \$550.00**  
**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		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERCOSA REBELLO, LUIS CLAUDIO 161 NE 38TH ST SUITE 28 FT LAUDERDALE FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERCOSA REBELLO, LUIS CLAUDIO 4014 NE 5TH AVE OAKLAND PARK, FL 3334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VITAL MEIRA, LIGIA MARIA 161 NE 38TH ST SUITE 28 FT LAUDERDALE FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VITAL MEIRA, LIGIA MARIA 4014 NE 5TH AVE OAKLAND PARK, FL 3334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  **06/12/03** (954) 568-3433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

801269 47  
P02000015876

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2002 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: *Filing of Uniform Business Report 2003*  
P02000015876

**NATIVE PRODUCT CORP.**

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,



**LUIS CLAUDIO VERCOSA REBELLO - President**  
**NATIVE PRODUCT CORP.**  
4014 NE 5TH AVE  
OAKLAND PARK, FL 33431  
Phone (954) 568-3433