2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000023175

1. Entity Name

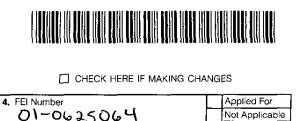
THE NATURAL BAG COMPANY



Principal Place of Business 274 WEST MASHTA DRIVE KEY BISCAYNE FL 33149	Mailing Address 274 WEST MASHTA DRIVE KEY BISCAYNE FL 33149
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
ZipCountry.	Zip Country
6. Name and Address of Curren	t Registered Agent
	Name

FILED Jan 24, 2003 8:00 am **Secretary of State**

01-24-2003 90123 035 ***150.00



 \Box

OSWALDO-CRUZ, ISABEL 274 WEST MASHTA DRIVE **KEY BISCAYNE FL 33149**

7. Name and Address of N	lew Registered Agent	
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	Zip Code	

5. Certificate of Status Desired

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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

\$8.75 Additional

Fee Required

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Delete DA FONSECA, NELSON PACHECO NAME NAME 274 WEST MASHTA DRIVE STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-ZIP CITY-ST-ZIP VSD Addition TITLE _ Delete___ TITLE _ [_]_Change OSWALDO-CRUZ, ISABEL MAME NAME STREET ADDRESS 274 WEST MASHTA DRIVE STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE TITI F ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

Daytime Phone #