

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90122 023 \*\*\*150.00

**DOCUMENT # P02000072443**

1. Entity Name  
**NATURAL WORLD MARKETING, CORP.**



Principal Place of Business  
**680 NW 114 AVE #204  
MIAMI FL 33172**

Mailing Address  
**680 NW 114 AVE #204  
MIAMI FL 33172**

2. Principal Place of Business  
**680 NW 114 Ave**

3. Mailing Address  
**680 NW 114 Ave**

Suite, Apt. #, etc.  
**# 204**

Suite, Apt. #, etc.  
**# 204**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33172**

Country  
**Dade**

Zip  
**33172**

Country  
**Dade**

4. FEI Number  
**02-0630811**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**RODRIGUEZ, KAROL  
680 NW 114 AVE #204  
MIAMI FL 33172**

## 7. Name and Address of New Registered Agent

Name **Rodriguez, Karol**  
Street Address (P.O. Box Number is Not Acceptable)  
**680 NW 114 Ave # 204**  
City **Miami** FL Zip Code **33172**

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**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **RODRIGUEZ, KAROL**  
STREET ADDRESS **680 NW 114 AVE #204**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☒ Delete  
NAME **BARRIOS, MARIELY V**  
STREET ADDRESS **10894 SW 6 STREET #4**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **Karol Rodriguez**  
STREET ADDRESS **680 NW 114 Ave #204**  
CITY-ST-ZIP **Miami, FL 33172**

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

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

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

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

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: **Karol Rodriguez** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/25/03**

Date

**786 512 4140**

Daytime Phone #

CR2E034 (10/02)