

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**  
04-07-2003 90149 034 \*\*\*150.00

0004996 AT

<b>DOCUMENT #</b> P02000128182	
1. Entity Name PHARMA-NATURAL INC.	

Principal Place of Business 300 NW 22ND AVENUE #A MIAMI FL 33125	Mailing Address 300 NW 22ND AVENUE #A MIAMI FL 33125
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2. Principal Place of Business 2431 West 80 St Suite, Apt. #, etc. Bay 4-5 City & State Hialeah, FL Zip 33016 Country U.S.A.	3. Mailing Address 2431 West 80 St Suite, Apt. #, etc. Bay 4-5 City & State Hialeah, FL Zip 33016 Country U.S.A.
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0133262	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent FERREIRO, CARLOS M 300 NW 22ND AVENUE #A MIAMI FL 33125	7. Name and Address of New Registered Agent Name: CARLOS M FERREIRO Street Address (P.O. Box Number is Not Acceptable) 2431 West 80 St Bay 4-5 City: Hialeah FL Zip Code: 33016
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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: <i>Carlos M. Ferreiro</i> / CARLOS M. FERREIRO / President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: 4/1/03
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERREIRO, CARLOS M 4422 SW 129TH PLACE MIAMI FL 33175 <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	VD CADENA, RAMIRO A 9899 NW 6TH COURT PLANTATION FL 33324 <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
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

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: <i>Carlos M. Ferreiro</i> / CARLOS M. FERREIRO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/1/03 Date	DAYTIME PHONE: 305-2166092 Daytime Phone #
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CR2E034 (10/02)