


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90180 004 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000128404	
1. Entity Name MD NATURE INC	

00001001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O M Sosa 6450 Collins Ave #902 Suite, Apt. #, etc. City & State Miami Beach FL	3. Mailing Address C/O M. Sosa 6450 Collins Ave #902 Suite, Apt. #, etc. City & State Miami Beach FL
Zip 33140	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1163446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Miriam Sosa	
	Street Address (P.O. Box Number is Not Acceptable) 6450 Collins Ave #902	
	City Miami Beach	Zip Code FL 33140

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Miriam Sosa 6450 Collins Ave #902 Miami Beach FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #

CR2E034B (12/02)