

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050504

1. Entity Name

GO-NATURAL HEALTH PRODUCTS, INC.

Principal Place of Business

4795 WEST FLAGLER  
MIAMI FL 33134

Mailing Address

4795 WEST FLAGLER  
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0730266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, PATRICIA M  
4521 S.W. 15TH STREET  
MIAMI FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title 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, 2001 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  
P LOPEZ, PATRICIA M  
4521 S.W. 15TH STREET  
MIAMI FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
13080 Miranda Street  
Coral Gables, FL 33156 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maria Lopez*

MARIA P. LOPEZ

6/12/01

305-448-1292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90004 022 \*\*\*150.00

07-31-2001 90002 050 \*\*\*400.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



Attachment # P95000050504  
A0079801

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 19, 2001

GO-NATURAL HEALTH PRODUCTS, INC.  
4795 WEST FLAGLER  
MIAMI, FL 33134

Subject: GO-NATURAL HEALTH PRODUCTS, INC.

Reference: P95000050504  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RR

ANNUAL REPORTS SECTION

Attachment

A0073029  
A0079801

Doc# P9500050504

**GO NATURAL HEALTH PRODUCTS, INC.**

4795 W. Flagler Street, Miami, FL 33134

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

June 12, 2001

Dear Sir or Madam:

The mail batch containing the UBR form enclosed was misplaced at my office, resulting in this late filing. Could we be forgiven the \$400.00 late-filing penalty this one time? We are a small company and it would really be appreciated.

Sincerely,

Maria Lopez  
Maria P. Lopez, pres