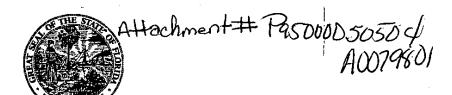
2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State DOCUMENT # P95000050504 06-19-2001 90004 022 ***150.00 GO-NATURAL HEALTH PRODUCTS, INC. 07-31-2001 90002 050 ***400.00 Principal Place of Business Mailing Address 4795 WEST FLAGLER 4795 WEST FLAGLER MIAMI FL 33134 MIAMI FI 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0730266 Not Applicable Zio Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, PATRICIA M Street Address (P.O. Box Number is Not Acceptable) 4521 S.W. 15TH STREET **MIAMI FL 33134** City 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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 16. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE LOPEZ, PATRICIA M NAME NAME 13080 Miranda Street STREET ADDRESS STREET ADDRESS 4521 S.W. 15TH STREET Coral Gables, FL 33156 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP. Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

MARIA P. LOPEZ

FILED Jul 31, 2001 8:00 am



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 <u>has not been filed</u> 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

A0073629 A0079801

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 P. Lopez, pres