

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

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90164 040 ***150.00

DOCUMENT # **P960000041243**
1. Entity Name
NATURE'S Life & Health INC

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656361

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2. Principal Place of Business 111 CRANDON BLVD Suite, Apt. #, etc. C 806 City & State Key Biscayne FL Zip 33149 Country DADE		3. Mailing Address 111 CRANDON BLVD Suite, Apt. #, etc. C 806 City & State Key Biscayne FL Zip 33149 Country DADE		4. FEI Number 650760893	Applied For <input type="checkbox"/> Not-Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SIBHI DRASSINOWER
Street Address (P.O. Box Number is Not Acceptable)
111 CRANDON BLVD C 806
City
Key Biscayne FL Zip Code
33149

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  **SIBHI DRASSINOWER** **04-24-02**
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 - Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP President CEO SIBHI DRASSINOWER 111 CRANDON BLVD C 806 Key Biscayne FL 33149	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIBHI DRASSINOWER** **04-24-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #