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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

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SIGNATURE:

Jan 31, 2002 8:00 am Secretary of State P96000072697 DOCUMENT # 1. Entity Name SANAR NATURAL PRODUCTS, INC. 01-31-2002 90040 018 ***158.75 Mailing Address Principal Place of Business 6712 NW 72ND AVENUE 6712 NW 72ND AVENUE MIAMI FL 33166 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0691883 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANCERNI, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 6712 NW 72ND AVENUE **MIAMI FL 33166** Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. 1 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition SANCERNI, ARMANDO NAME NAME 6712 NW 72ND AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change SANCERNI, OLGA NAME NAME 6712 NW 72ND AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SANCERNI-LOPEZ, CARIDAD L NAME NAME STREET ADDRESS 6712 NW 72ND AVENUE STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

DE HEARMANDO

ME OF SIGNING DEFICER OR DIRECTOR