

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90040 007 ***150.00

DOCUMENT # P96000092973

1. Entity Name

SUPER NATURAL INC.

Principal Place of Business

P.O. BOX 2608
 HALLANDALE FL 33008

Mailing Address

1150 NW 72ND AVE
 #307
 MIAMI FL 33126-1920
 US

2. Principal Place of Business

4150 N.W. 132 street

3. Mailing Address

4150 N.W. 132 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

City & State

OPA LOCKA, FLORIDA

4. FEI Number

65-0713440

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PLUDWINSKI, THOMAS
1150 NW 72ND AVE. #307

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

use of changing its registered office or registered agent, or both, in the State of Florida.

Signature

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change

Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PLUDWINSKI, THOMAS
1150 NW 72ND AVE. #307
MIAMI FL 33126

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

CHANGE ADDRESS TO
4150 N.W. 132 street
OPA LOCKA, FL 33054
THANK YOU



DO NOT WRITE IN THIS SPACE