

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023560

1. Entity Name

NATURE'S SYMPHONY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90276 050 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 1904
HALLANDALE FL 33008

P.O. BOX 1904
HALLANDALE FL 33008-1904

2. Principal Place of Business

3. Mailing Address

P.O. Box 1980

P.O. Box 1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HALLANDALE FL

HALLANDALE FL

Zip

Country

Zip

Country

33008

USA

33008

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREOTTA, PATRICIA A
17880 N E 31ST CT
SUITE 2100
AVENTURA FL 33160

Name

PATRICIA A ANDREOTTA

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

19756 E. COUNTRY CLUB DR

City

AVENTURA

FL

Zip Code

33180

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, 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 AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ANDREOTTA, PATRICIA A
CITY-ST-ZIP P.O. BOX 1904
HALLANDALE FL 33008

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Signature of Patricia A. Andreotta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00

Date

305-932-1976

Daytime Phone #

CR2E034 (9/99)