2002

~~2001~~ **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000043949

1. Entity Name

NATURAL BODYCARE SYSTEMS INTERNATIONAL INCORPORA

FILED

02 APR 19 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
110 PARK LANE EAST LANTANA FL 33462	110 PARK LANE EAST LANTANA FL 33462

↓ Please Change ↓

2. Principal Place of Business	3. Mailing Address
12948 Calais Circle	12948 Calais Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens FL	City & State: Palm Beach Gardens, FL
Zip: 33410 Country:	Zip: 33410 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0759807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~STRIBLING, MARIE L~~ ~~110 PARK LANE EAST~~ ~~LANTANA FL 33462~~ 12948 Calais Circle Palm Beach Gardens, FL	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: ~~Marie Luise Stribling~~ Marie L. Stribling 4/16/02

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HINZ, VOLKER A SPANNWISCH 2 HAMBURG GE D-221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100005419351-- 0 -05/02/02--01014--022 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STRIBLING, MARIE L ~~229 GLENEAGLES DR~~ 12948 Calais Circle ~~ATLANTIS FL 33462~~ Palm Beach Gardens, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ~~Marie Luise~~ Stribling Vice Pres. 4/16/2002 5615146945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #