FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90138 035 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000043949**

1. Entity Name

NATURAL BODYCARE SYSTEMS INTERNATIONAL INCORPORTED



Principal Place of Business 12948 CALAIS CIRCLE PALM BEACH GARDENS FL 33410 Mailing Address
12948 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410

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2. Principal Place of Business			3. M	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			Ci	City & State			4					Applied For	
Zip		Country	Zip)	Countr	у	5	. Certific	cate of Status Desired	X	\$8.75	Not Applicable	
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered			Fee Requ	ired	
				vu Agein		Name		. Name	and Address of New R	egistere	d Agent		
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	LAIS CIRCLE	ξ ĝ		_ St			Street Address (P.O. Box Number is Not Acceptable)						
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PALM DE	AUTI GARDEI	NO FL 33410			J						"	·	
					Ţ	City		-		F	Zip Co		
8. The above	e named entity	submits this stateme	nt for the pur	pose of changing its	registered	office or regis	stered a	agent, or	both, in the State of Flo	rida La	m familiar with	h and accept	
the obliga	itions of registe	red agent.				ŭ			- and order of 1 to	nda. Taj	iii idiiniidi Willi	n, and accept	
SIGNATURE													
OIGH HOIL	Signature, typed or	r printed name of registered a	agent and title if ap	plicable. (NOTE	E: Registered A	kgent signature requ	uired when	reinetation	<u> </u>				
	ILE NOWIII	FEE IS \$150.00					-	710#1510(#1g)	,	DATE	· · · · · · · · · · · · · · · · · · ·		
Δfte	r May 1 2003	Fee will be \$550.	00						Election Campaign Fina	onala a	^ -		
Make Check	k Pavable to	Florida Departmer	ou of State]				"	Trust Fund Contribution	anding i.	□ Add	00 May Be ed to Fees	
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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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the corporation or the receiver or truster empowered.

SIGNATURE: _

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

OFFICER OR DIRECTOR

2-18-2003

Daytime Phone #

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CR2E034 (10/02)