

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90249 042 ***150.00

DOCUMENT # **P97000086920**

1. Entity Name **NATURAL HEALTH INSTITUTE, INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5283 WEST ATLANTIC AVE

3. Mailing Address

5283 WEST ATLANTIC AVE

Suite, Apt. #, etc.

#159

Suite, Apt. #, etc.

#159

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33484

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DELGADO, LUIS M JR

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

3312 SPANISH WELL DR, APT. A

City

DELRAY BEACH

FL

Zip Code

33484

**DO NOT WRITE
IN THIS SPACE**

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 re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
DELGADO, LUIS M JR
3312 SPANISH WELL DR, APT. A
DELRAY BEACH, FL 33484**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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; that my name appears in Block 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.M. Delgado

Date

4/22/04

Daytime Phone #