

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P970000 86920

1. Entity Name

NATURAL Health Institute, Inc.

FILED

03 JUN -5 AM 11: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5283 West Atlantic Ave.

3. Mailing Address

3312 Spanish Wells Dr N

Suite, Apt. #, etc.

159

Suite, Apt. #, etc.

Apt A

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach

City & State

Delray FL

4. FEI Number

65-0788746

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33445

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Delgado, Luis Jr.

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

3312 Spanish Wells 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 reinstating)

Luis Delgado Jr.

6/3/03

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

D/P/S/T

Delgado, Luis M Jr.
3312 Spanish Wells Dr. Apt A
Delray Beach, FL 33445

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

700020967367
06/18/03--01039--025 **150.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D/VP

MARTIN, MAYTE
3312 Spanish Wells Dr Apt A
Delray Beach, FL 33445

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03

Date

561-499-9935

Daytime Phone #

2/2

June 3rd, 2003

Natural Health Institute, Inc.
5283 West Atlantic Avenue #159
Delray Beach, Florida 33484

Division of Corporations
Att: Uniform Business Report Filings
PO BOX 1500
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$150.00 for the corporation annual fee of Natural Health Institute, Inc. Document #P97000086920. This payment is for the 2003 Uniform Business Report. The reason in which I did not pay this fee on time is because I did not receive the Uniform Business Report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,



Luis M. Delgado Jr.
President