

TO
FROM

PHONE NO. : 19543455786

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90729 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065000

1. Entity Name
INSTITUTE THE WORLD OF NATURAL HEALTH CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9751 W. SAMPLE RD
Suite, Apt. #, etc.

2. Mailing Address
P.O. BOX 770575
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRING, FLORIDA - *CORAL SPRING, FLORIDA*

4. FEI Number *65-0870751* Applied For
Not Applicable

Zip *33065* Country *US*

Zip *33077* Country *US*

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *ERIK BONDY*
Street Address (P.O. Box Number is Not Acceptable) *6467 NW 99th AVE.*
City *PARKLAND* FL Zip Code *33076*

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: _____ DATE *4/30/02*

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$100.00
After May 1, Fee is \$200.00
Amended UBR is \$91.25
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	<i>PS</i>
NAME	<i>ERIKA BONDY</i>
STREET ADDRESS	<i>6467 NW 99th AVE.</i>
CITY-STATE-ZIP	<i>PARKLAND, FL 33076</i>
TITLE	
NAME	
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CITY-STATE-ZIP	

DO NOT WRITE 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)(f), Florida Statutes. I further certify that the information included on this report or registration 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 617, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other data answered.

SIGNATURE: *Erika Bondy* *ERIKA BONDY* *4/30/02*

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/01)