

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91792 014 ***150.00

DOCUMENT # P98000088268

1. Entity Name

HEALTHY LIFE Natural Products, Inc.



Principal Place of Business

Mailing Address

2051 A. Hollywood Blvd 2051 A. Hollywood Blvd
Hollywood FL 33020 Hollywood FL 33020

2. Principal Place of Business

2375 West 80 St

3. Mailing Address

7105 SW 8 St

Suite, Apt. #, etc.

Bay 1 Bldg 'D'

Suite, Apt. #, etc.

309

City & State

Hialeah FL

City & State

Miami FL

Zip

33016

Country

Zip

33144

Country

4. FEI Number

65-0869300

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ PHANOR
2051 Hollywood Blvd
Hollywood FL 33020

Name

LOPEZ PHANOR

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

2375 West 80 St

Bay 1. Bldg 'D'

City

Hialeah

FL

Zip Code

33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

phanor Lopez

4/29/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature is required when reinstating)

DATE

FILE FILING FEE IS \$50.00

As of May 1, 2003, Fee will be \$50.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD LOPEZ PHANOR ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS 2575 West 67 Pl. #11 Bldg 3
CITY-ST-ZIP Hialeah FL 33016

TITLE UPS AVENIA LUZ M. ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS 2575 West 67 Pl #11, Bldg. 3
CITY-ST-ZIP Hialeah FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

LUZ M AVENIA 4/29/03 (305) 226-344

Signature and typed or printed name of signing officer or director

Date

Deputy Phone #