2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000107578** May 04, 2000 8:00 am Secretary of State HERBAL HEALTH PRODUCTS, INC. 05-04-2000 90156 040 ***150.00 Mailing Address Principal Place of Business 6950 BRYAN DAIRY RD 6950 BRYAN DAIRY RD LARGO FL 33777-1608 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3550327 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEKHARAM, KOTHA S Street Address (P.O. Box Number is Not Acceptable) 6950 BRYAN DAIRY RD **LARGO FL 33777** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE 🛛 Delete TITLE SCHNELING, GERALD NAME STREET ADDRESS STREET ADDRESS 6950 BRYAN DAIRY RD CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33777** DST Change ☐ Addition ☐ Delete TITLE TITLE TANEJA, JUGAL K NAME NAME STREET ADDRESS 6950 BRYAN DAIRY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 President, Director Change Change ☐ Addition TITLE Delete TITLE SANTOSTASI, PAUL NAME NAME Santostasi, Paul STREET ADDRESS 6950 BRYAN DAIRY RD 6950 Bryan Dairy Road STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LARGO FL 33777 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jugal K. Tanging 04/28/pp 727/544-8866