

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90024 001 ***150.00

DOCUMENT # P98000107578

1. Entity Name
HERBAL HEALTH PRODUCTS, INC.

Principal Place of Business
6950 BRYAN DAIRY RD
LARGO FL 33777

Mailing Address
6950 BRYAN DAIRY RD
LARGO FL 33777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6925 112th Circle North

3. Mailing Address
6925 112th Circle North

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Largo, FL

City & State
Largo, FL

Zip
33773

Country
USA

Zip
33773

Country
USA

4. FEI Number 59-3550327

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEKHARAM, KOTHA S
6950 BRYAN DAIRY RD
LARGO FL 33777

7. Name and Address of New Registered Agent

Name Jugal K. Taneja
Street Address (P.O. Box Number is Not Acceptable)
6950 Bryan Dairy Road
City Largo FL Zip Code 33777

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 Director

DATE 4/23/01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 DST
NAME TANEJA, JUGAL K
STREET ADDRESS 6950 BRYAN DAIRY RD
CITY-ST-ZIP LARGO FL 33777 ☐ Delete

TITLE PD
NAME SANTOSTASI, PAUL
STREET ADDRESS 6950 BRYAN DAIRY RD
CITY-ST-ZIP LARGO FL 33777 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME D Shuman, Cani
STREET ADDRESS 6925 112th Circle N., Suite 101
CITY-ST-ZIP Largo, FL 33773

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS Taneja, Mandeep K.
CITY-ST-ZIP 6925 112th Circle N., Suite 101
Largo, FL 33773

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

TITLE ☐ Change ☐ Addition
NAME
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 Director

DATE 4/23/01

DAYTIME PHONE # 727/544-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)