

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90312 036 ***150.00

DOCUMENT # P98000107578

1. Entity Name
HERBAL HEALTH PRODUCTS, INC.

Principal Place of Business
6925 112TH CIRCLE NORTH STE 101
LARGO FL 33773

Mailing Address
6925 112TH CIRCLE NORTH STE 101
LARGO FL 33773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12399 Belcher Rd. South
 Suite, Apt. #, etc.
Suite 160

3. Mailing Address
12399 Belcher Rd. South
 Suite, Apt. #, etc.
Suite 160

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number **59-3550327**

Applied For
 Not Applicable

Zip
33773-3052

Country
USA

Zip
33773-3052

Country
USA

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

6. Name and Address of Current Registered Agent

TANEJA, JUGAL K
6950 BRYAN DAIRY RD
LARGO FL 33777

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TANEJA, JUGAL K 6950 BRYAN DAIRY RD LARGO FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUMAN, CANI 6925 112TH CIRCLE N. SUITE 101 LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANEJA, MANDEEP K 6925 112TH CIRCLE N., STE101 LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DCF SHUMAN, CANI 12399 Belcher Rd. South, Suite 160 Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD TANEJA, MANDEEP K. 12399 Belcher Rd. South, Suite 160 Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. K. Tanaja **MANDEEP K. TANEJA, PRESIDENT** 412962 327-324-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)