

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90064 029 ***150.00

DOCUMENT # P99000014696

1. Entity Name

NATURE'S BEST HEALTH FOOD STORE, INC.

Principal Place of Business

**4789 SWIFT RD.
 SARASOTA FL 34231**

Mailing Address

**4789 SWIFT RD.
 SARASOTA FL 34231**

2. Principal Place of Business

**935 N Beneva Rd
 Suite, Apt. #, etc.
 Ste 715**

3. Mailing Address

**PO Box 3319
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0895608

Applied For

Not Applicable

Zip

34232

Country

Zip

34230

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RUIZTAGLE, LUZ A
 4789 SWIFT RD.
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

**Beatriz Martinez
 Street Address (P.O. Box Number is Not Acceptable)
 935 N Beneva Road
 Ste 715
 City **Sarasota** **FL** Zip Code **34232****

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 **X Beatriz Martinez**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D RUIZTAGLE, JUAN E 5732 MILTON AVE. SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZTAGLE, LUZ A 5732 MILTON AVE. SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENAO, LUZ 5732 MILTON AVE. SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, BEATRIZ 5732 MILTON AVE. SARASOTA FL 34243	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUIS CORREAL 935 N. BENEVA RD SUITE 715 SARASOTA FL 34232	<input type="checkbox"/> Change <input checked="" 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	935 N Beneva Rd Ste 715 Sarasota, FL 34232	<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

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 **X Beatriz Martinez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-2001

CR2E034 (10/00)