2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000026854

Entity Name: HERBS U.S.A., INC.

FILED Feb 06, 2002 8:00 AM Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|---|--|---|--|
| | TH AVENUE OOD, FL 330211 | 607 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | TH AVENUE OOD, FL 330211 | 607 | | | |
| FEI Number: | | FEI Number Applied For() | FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 4000 HOLL | 6, JEFFREY LYWOOD BLVD. OOD, FL 33021 | | | | |
| The above in the State | | omits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electronic | Signature of Registered Age | ent | Date | |
| | | atisfy its Intangible Tax filing request Fund Contribution (). | uirement and elects to do so (X). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | D () Do MAWARDI, JOSEI 3950 N 49TH AVE HOLLYWOOD, FL | PH NUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MAWARDI D 02/06/2002