

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030855

1. Entity Name

IN NATURA PRODUCTS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90050 033 ***150.00

Principal Place of Business

8065 SW 107TH AVENUE
#301
MIAMI FL 33173

Mailing Address

8065 SW 107TH AVENUE
#301
MIAMI FL 33173-4879

2. Principal Place of Business

10637 N. Kendall Drive

3. Mailing Address

10637 N. Kendall Drive

Suite, Apt. #, etc.

7E

Suite, Apt. #, etc.

7E

City & State

Miami FL

City & State

Miami FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-0908750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTA, FABIO M
8065 SW 107TH AVENUE
#301
MIAMI FL 33173

Name

Fabio M. Costa

Street Address (P.O. Box Number is Not Acceptable)

10503 SW 78th Street

City

Miami

FL

Zip Code

33173

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 10, 2000

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	COSTA, FABIO M	
STREET ADDRESS	8065 SW 107TH AVENUE, #301	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTA, SUZANA M	
STREET ADDRESS	8065 SW 107TH AVENUE, #301	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fabio M Costa	
STREET ADDRESS	10503 SW 78th St	
CITY-ST-ZIP	Miami FL 33173	
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suzana Costa	
STREET ADDRESS	10503 SW 78 St	
CITY-ST-ZIP	Miami FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2000

Date

Daytime Phone #

305 273-3339

CR2E034 (9/99)