2000 UNIFORM BUSINESS REPORT (UBR)

3/13/1

FILED
Aug 29, 2000 8:00 am
Secretary of State
03-14-2000 90061 039 ***158.75

DOCUMENT # P99000076451

1. Entity Name
NORDIC SPRINGS HEALTH PRODUCTS, INC.

R

Principal Place of Business	Mailing Address
100 La Gorce Circle MIAMI BEACH, FL. 33140-0688	P.O. BOX 402688 MIAMI BEACH, FL. 33140-0688

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc. 100 La Gorce Circle	Suite, Apt. #, etc.
City & State MIAMI Beach FL. 33141	City & State MIAMI BEACH FL
Zip 33141 Country USA	Zip 33141 Country USA

4. FEI Number 65-0943831 — Applied For / Not Applicable

5. Certificate of Status Desired XX — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLOS OSSORIO (mailing)
P.O. BOX 402688
MIAMI BEACH, FL. 33140-0688
OR, 100 La Gorce Circle
Miami Beach, FL. 33141

7. Name and Address of New Registered Agent

Name CARLOS OSSORIO
Street Address (P.O. Box Number is Not Acceptable) 100 LA GORCE CIRCLE
City MIAMI BEACH FL Zip Code 3314[illegible]

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] CARLOS OSSORIO 3/6/2000
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D CARLOS OSSORIO P.O. BOX 402688 MIAMI BEACH, FL. 33140-0688 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carlos OSSORIO 100 La Gorce Circle Miami Beach, Florida 33141 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P / S OSCAR GOMEZ 14347 SW 96 Terr. Miami, FL. 33186 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P / S TRACEY MCDONALD P.O. BOX 402688 MIAMI BEACH, FL. 33140-0688 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tracey McDonald 100 La Gorce Circle Miami Beach, FL. 33141 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] CARLOS OSSORIO 3/6/2000 (305)229-2686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #