

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**  
 05-04-2000 90222 013 \*\*\*150.00

**DOCUMENT #** P99000081355

**1. Entity Name**  
 NATURE CONCEPTS, INC.

**Principal Place of Business**  
 2310 NW 189TH AVENUE  
 PEMBROKE PINES FL, 33029

**Mailing Address**  
 2310 NW 189TH AVENUE  
 PEMBROKE PINES FL, 33029

60083588

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
 65-0947900

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 LEONEL NUNEZ JR.  
 2310 NW 189TH AVENUE  
 PEMBROKE PINES FL, 33029

**7. Name and Address of New Registered Agent**  
 Name: ANGELA NUNEZ  
 Street Address (P.O. Box Number is Not Acceptable): 2310 NW 189TH AVENUE  
 City: PEMBROKE PINES FL Zip Code: 33029

**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** *Angela Nunez* **DATE** 4/20/00

Signature, typed or agent and title if applicable. (Not required 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 \$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	<del>P/C LEONEL NUNEZ JR. 2310 NW 189TH AVENUE PEMBROKE PINES FL, 33029</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SECRETARY ANGELA NUNEZ 2310 NW 189TH AVENUE PEMBROKE PINES FL, 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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**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 an other like empowered.**

**SIGNATURE:** *Angela Nunez* **DATE** 4/20/00 (954) 704-1189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)