

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-06-2002 90087 049 ***150.00

DOCUMENT # P99000085196

1. Entity Name
NATURA MEDITERRANEA, INC.

Principal Place of Business

10219 GENEAL DRIVE
 ORLANDO FL 32824

Mailing Address

10219 GENEAL DRIVE
 ORLANDO FL 32824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3606455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCIALOIA, ACHILLE
7455 PARK SPRING
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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 ☒ ~~Delete~~
 NAME **PD GUERICH, IMEDINE**
 STREET ADDRESS **5447 VINELAND RD 1114**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ ~~Delete~~
 NAME **SD KIRKLAND, APRIL S**
 STREET ADDRESS **8907 HERITAGE BAY CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32838**

TITLE ☒ ~~Delete~~
 NAME **PD ACHILLE SCIALOIA**
 STREET ADDRESS **7455 PARK SPRING CIR.**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ ~~Delete~~
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ ~~Delete~~
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ ~~Delete~~
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Typed or printed name of signing officer or director

4/19/02

407-240-1227

Date

Daytime Phone #

CR2E034 (9/01)