

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000097896

1. Entity Name

NATURAL BROWS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

04-12-2000 90051 029 ***150.00

Principal Place of Business

Mailing Address

4390 N FEDERAL HWY., SUITE 203
FT LAUDERDALE FL 33308

4390 N FEDERAL HWY., SUITE 203
FT LAUDERDALE FL 33308-5200

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

65-0961490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE LA FUENTE, ANDREW
4390 N FEDERAL HWY., SUITE 203
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name MARIA ELEDA ALFIERI

Street Address (P.O. Box Number is Not Acceptable)
4390 N. FEDERAL HIGHWAY

SUITE 203

City FT. LAUDERDALE 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]

MARIA ELEDA ALFIERI, VICE PRESIDENT

DATE

4/7/00

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

(NOTE: Registered 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 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

TITLE PD
NAME ALFIERI, CHARLES A
STREET ADDRESS 4390 N FEDERAL HWY., SUITE 203
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE VSD
NAME ALFIERI, MARIA ELENA
STREET ADDRESS 4390 N FEDERAL HWY., SUITE 203
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE VTD
NAME BERNSTEIN, RICHARD L
STREET ADDRESS 4390 N FEDERAL HWY., SUITE 203
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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] MARIA ELEDA ALFIERI 4/7/00 (954) 928-1755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)