

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000097896**1. Entity Name
NATURAL BROWS, INC.

Principal Place of Business

4390 N FEDERAL HWY., SUITE 203

FT LAUDERDALE
33308

FL

Mailing Address

4390 N FEDERAL HWY., SUITE 203

FT LAUDERDALE
33308

FL

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 203FT LAUDERDALE
33308

FL

7. Name and Address of New Registered Agent

Name

DE LA FUENTE MARIA ELENA

Street Address (P.O. Box Number is Not Acceptable)
4390 N FEDERAL HWY., SUITE 203City
FT LAUDERDALE

FL

Zip Code
33308

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 **MARIA ELENA ALFIERI****04/17/2001**

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, 2001 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 | VTD | <input checked="" type="checkbox"/> Delete |
| NAME | BERNSTEIN RICHARD L | |
| STREET ADDRESS | 4390 N FEDERAL HWY., SUITE 203 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | ALFIERI MARIA ELENA | |
| STREET ADDRESS | 4390 N FEDERAL HWY., SUITE 203 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ALFIERI CHARLES A | |
| STREET ADDRESS | 4390 N FEDERAL HWY., SUITE 203 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: MARIA ELENA ALFIERI

VTD

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)