

2000 UNIFORM BUSINESS REPORT (UBR)

8.

08-11-2000 90095 046 ***550.00

10-2

DOCUMENT # P99000100261

1. Entity Name

VARADERO NATURAL HEALTH SYSTEMS, INC.

Handwritten initials

Principal Place of Business

5854 W FLAGLER ST
MIAMI FL 33144

Mailing Address

5854 W FLAGLER ST
MIAMI FL 33144

FILED
00 DEC -6 AM 9:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARO, PEDRO R
5854 W FLAGLER ST
MIAMI FL 33144

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY- ST- ZIP

D
CARO, PEDRO R
5334 SW 89TH AVE
MIAMI FL 33165

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
SOLIS, ANA J
5334 SW 89TH AVE
MIAMI FL 33165

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

CR2E034 (5/00)

P99000100261

20x2

VARADERO NATURAL HEALTH SYSTEMS, INC.
5854 W Flagler St., Miami FL 33144

October 31, 2000

Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Dear sirs:

The present is to inform that we has complied with the payment of the Reinstatement Fee of our corporation. As you can see there is a copy of the check cancelled 8/15/00. If you need more information, please, do not hesitate to contact me at the telephone (305) 263-9590.

We will appreciate your prompt answer regarding this important matter.

Sincerely,

Pedro R. Garro, M.D.