

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100261

1. Entity Name

VARADERO NATURAL HEALTH SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~5854 W FLAGLER ST~~
~~MIAMI FL 33144~~

~~5854 W FLAGLER ST~~
~~MIAMI FL 33144~~

2. Principal Place of Business

340 PALM AVENUE

3. Mailing Address

340 PALM AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAIALEAH, FL.

City & State

HAIALEAH, FL.

Zip **33010**

Country

Zip **33010**

Country

4. FEI Number

05-1061470

Applied For

Not Applicable

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 \$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	D	<input type="checkbox"/> Delete
NAME	CARO, PEDRO R	
STREET ADDRESS	5334 SW 89TH AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLIS, ANA J	
STREET ADDRESS	5334 SW 89TH AVE	
CITY-ST-ZIP	MIAMI FL 33165	
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		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELENA CARO	
STREET ADDRESS	12600 SW 25 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33175	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELENA CARO
DIRECTOR

Date

Daytime Phone #

3/13/01 (605) 883 777

CR2E034 (10/00)

000461

FILED
Mar 28, 2001 8:00 am
Secretary of State
03-28-2001 90224 015 ***158.75



DO NOT WRITE IN THIS SPACE