

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90046 009 \*\*\*150.00

DOCUMENT # V24327

Entity Name

MOTHER NATURE EXPORTS, INC.

Principal Place of Business

5455 NW 72 AVE  
MIAMI FL 33166

Mailing Address

19262 N.W. 89TH AVE.  
MIAMI FL 33015  
US

AVU41492



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6688 S.W. 192 AVE.

3. Mailing Address

6688 S.W. 192 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINE, FLORIDA

City & State

PEMBROKE PINE, FLORIDA

4. FEI Number

65-0327831

Applied For

Not Applicable

Zip

Country

33332

U.S.A.

Zip

Country

33332

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGUEROA, OMAR A  
19262 N. W. 89 AVENUE  
#800-W  
MIAMI FL 33015

Name

OMAR A. FIGUEROA

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

6688 S.W. 192 AVE.

City

PEMBROKE PINE

FL

Zip Code

33332

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, OMAR 19262 NW 89 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, MARISOL 19262 NW 89 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMAR A. FIGUEROA

Date

3/5/01

Daytime Phone #

305-557-8781

CR2E034 (10/00)