

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48563

1. Entity Name

NATURAL HEALTH TRENDS CORP.

DEPARTMENT OF STATE

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90025 028 ***550.00

Principal Place of Business

250 PARK AVE.
10TH FLOOR
NEW YORK NY 10177
US

Mailing Address

P.O. BOX 6128
LONGMONT CO 80501

2. Principal Place of Business

2161 Hutton Drive

3. Mailing Address

2161 Hutton Drive

Suite, Apt. #, etc.

Suite 126B

Suite, Apt. #, etc.

Suite 126B

City & State

Carrollton, TX

City & State

Carrollton, TX

4. FEI Number

59-2705336

Applied For

Not Applicable

Zip

75006

Country

USA

Zip

75006

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELLER, NEAL R
2001 WEST SAMPLE ROAD
SUITE 318
POMPANO BEACH FL 33064

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)

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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.

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\$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	P GRACE, JOSEPH 250 PARK AVE, 10TH FLOOR NEW YORK NY 10177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WOODBURN, MARK 380 LASHLEY ST. LONGMONT CO 80501-6048	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2161 Hutton Dr, Ste 126B Carrollton, TX 75006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

MARK D. WOODBURN

Date

Daytime Phone #

CR2E034 (5/00)