

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90107 004 \*\*\*550.00

0130005 AT

**DOCUMENT # K48563**

1. Entity Name  
**NATURAL HEALTH TRENDS CORP.**

Principal Place of Business

**2161 HUTTON DR  
 STE 126B  
 CARROLLTON TX 75006  
 US**

Mailing Address

**2161 HUTTON DR  
 STE 126B  
 CARROLLTON TX 75006  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5605 North MacArthur Blvd**

Suite, Apt. #, etc.  
**11th Floor**

City & State  
**Irving, Texas**

Zip  
**75038**

Country  
**Dallas**

3. Mailing Address

**5605 North MacArthur Blvd**

Suite, Apt. #, etc.  
**11th Floor**

City & State  
**Irving, Texas**

Zip  
**75038**

Country  
**Dallas**

4. FEI Number **59-2705336**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (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 12, 2001 Fee 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRACE, JOSEPH</b>	
STREET ADDRESS	<b>250 PARK AVE, 10TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10177</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>WOODBURN, MARK</b>	
STREET ADDRESS	<b>380 LASHLEY ST.</b>	
CITY-ST-ZIP	<b>LONGMONT CO 80501-6048</b>	
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	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Woodburn, Mark</b>	
STREET ADDRESS	<b>5605 North MacArthur Blvd 11th Floor</b>	
CITY-ST-ZIP	<b>Irving, Texas 75038</b>	
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: **Mark Woodburn, President** 9/1/01 972-819-2035  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)