

2001 UNIFORM BUSINESS REPORT (UBR)

0510573

DOCUMENT # P00000077096

1. Entity Name

~~XENA TRIM INTERNATIONAL, INC.~~

PALM BEACH NATURALS, INC.

Principal Place of Business

5531 NORTH MILITARY TRAIL #1610

P.O. BOX 27-2995

BOCA RATON FL 33427-2995 33496-3801

Mailing Address

5531 NORTH MILITARY TRAIL

P.O. BOX 27-2995

BOCA RATON FL 33427-2995

5531 N. MILITARY TRAIL

2. Principal Place of Business

#1610

3. Mailing Address

P.O. BOX 27-2995

Suite, Apt. #, etc.

BOCA RATON, FLORIDA

Suite, Apt. #, etc.

BOCA RATON, FLORIDA

City & State

City & State

Zip 33496-3801

Country U.S.

Zip 33427-2995

Country U.S.

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name BRIAN D. STEVENS

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

5531 N. MILITARY TRAIL #1610

City BOCA RATON

FL

Zip Code 33496-3801

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 Brian D. Stevens PRESIDENT BRIAN D. STEVENS 3-14-01

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 PSTD
NAME STEVENS, BRIAN D
STREET ADDRESS 5531 NORTH MILITARY TRAIL #1610
CITY-ST-ZIP BOCA RATON FL 33427-2995 33496-3801

TITLE VD
NAME STEVENS, KEVIN M
STREET ADDRESS 5531 NORTH MILITARY TRAIL #1610
CITY-ST-ZIP BOCA RATON FL 33427-2995 33496-3801

TITLE
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STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 500003856405
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: Brian D. Stevens BRIAN D. STEVENS PRESIDENT 3-14-01 989-9921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 MAR 16 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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