

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED

Aug 17, 2000 8:00 am
Secretary of State

06-22-2000 90002 029 ***150.00

DOCUMENT # P99000087987

1. Entity Name

S e B Natural Corporation

Principal Place of Business

Mailing Address

8167 NW 74 AVENUE
Miami, FL 33166

Same

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8167 NW 74 AV.

City & State

City & State

Medley

Zip

Zip

Country

Country

33166

6. Name and Address of Current Registered Agent

Montiel Davis, Magda
2650 SW 27 AVENUE
SUITE 304
Miami, FL 33133 US

7. Name and Address of New Registered Agent

Name JHONNY BELLUCCI

Street Address (P.O. Box Number is Not Acceptable)
8167 NW 74 AVE

City Medley

FL

Zip Code 33166

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 X Jhonny Bellucci

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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, 2000 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. PRESIDENT OFFICERS AND DIRECTORS

TITLE → PRESIDENT
NAME SAGLIMBENI, FRANCO
STREET ADDRESS 8167 NW 74 AVENUE
CITY-ST-ZIP Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME JHONNY BELLUCCI
STREET ADDRESS 8167 NW 74 AVENUE
CITY-ST-ZIP Miami, FL 33166

TITLE VICE-PRESIDENT
NAME DINA BELLUCCI
STREET ADDRESS 8167 NW 74 AVENUE
CITY-ST-ZIP Miami, FL 33166

TITLE
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CITY-ST-ZIP

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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: Jhonny Bellucci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-00

Date

(305) 2191779

Daytime Phone #

CRZE034 (9/99)

Attachments P99000087987
107271

August 3, 2000

RE: #P99000087987

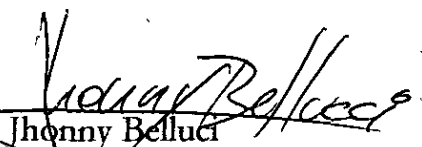
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

This letter is to ask you to review our annual report/uniform business report that was file late, without us being aware of it. We never received the format to file and send it on time. On the letter also ask us to return the letter back before 30 days to avoid the \$400.00 late charge, we call but they inform us to send a request in writing.

If there is anyway that the late payment can be avoid or reduced please advise us. We do not want to have further penalties.

Respectfully yours,


Jhonny Belluci
S & B Natural Corp.