

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90212 049 ***150.00

DOCUMENT # P99000087987

1. Entity Name

S & B NATURAL CORPORATION

Principal Place of Business

8167 N.W. 74 AVENUE
MEDLEY FL 33166
Medley,

Mailing Address

8167 N.W. 74 AVENUE
MEDLEY FL 33166
Medley,

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

8167 NW 74 AVE.

Suite, Apt. #, etc.

City & State

MEDLEY, FL

Zip

33166

Country

USA

Country

4. FEI Number 65-0952940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELLUCCI, JHONNY
8167 N.W. 74 AVENUE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name FREDDY BOLIVAR MADEIZ

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

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

(NOTE: Registered Agent signature required when reinstating)

02/07/01
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	P	<input type="checkbox"/> Delete
NAME	BELLUCCI, JHONNY	
STREET ADDRESS	8167 N.W. 74 AVENUE	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	BELLUCCI, DINA	
STREET ADDRESS	8167 N.W. 74 AVENUE	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	FREDDY BOLIVAR MADEIZ	
STREET ADDRESS	8167 NW 74 AVE.	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	SANDRA BORTILLO	
STREET ADDRESS	8167 NW. 74 AVE.	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE	MARWAN ABBOD	<input type="checkbox"/> Delete
NAME	TREASURER	
STREET ADDRESS	8167 NW 74 AVE.	
CITY-ST-ZIP	MEDLEY, FL 33166	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01 (305) 884.4111
Date Daytime Phone #

CR2E034 (10/00)