FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90157 027 ***150.00

DOCUMENT # P99000087987

1. Entity Name
S & B Natural Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 E. Sample Rd.
Suite, Apt. #, etc.
SUITE 320
City & State
Pompano Beach, FL.
Zip 33064 Country Broward.

3. Mailing Address
100 E. Sample Rd.
Suite, Apt. #, etc.
SUITE 320
City & State
Pompano Beach, Fl.
Zip 33064 Country Broward.

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4. FEI Number 65-095294 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name Desarrollos Multiples Usa
Street Address (P.O. Box Number is Not Acceptable) 100 E. Sample Rd Suite 320
City Pompano Beach. FL Zip Code 33064.

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] Jenny Hernandez 04/18/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	Jhonny Bellucci
STREET ADDRESS	100 E. Sample Rd Suite 320
CITY-ST-ZIP	Pompano Beach, FL. 33064.
TITLE	Vice-President.
NAME	Dina Bellucci
STREET ADDRESS	100 E. Sample Rd. Ste 320
CITY-ST-ZIP	Pompano Beach, Fl. 33064.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jhonny Bellucci Jhonny Bellucci 04/18/02 954.783-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #