

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90537 005 \*\*\*150.00

0431101 AV

**DOCUMENT # 334768**

1. Entity Name  
**SUNRISE NATURAL FOODS, INC.**



Principal Place of Business  
**251 ROYAL PALM WAY- STE 602  
C/O MENDOZA AND CALLAS  
PALM BEACH FL 33480**

Mailing Address  
**P O BOX 2715  
C/O MENDOZA AND CALLAS  
PALM BEACH FL 33480**



2. Principal Place of Business  
**341 Brazilian Avenue**

3. Mailing Address  
**341 Brazilian Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Beach, FL 33480**

City & State  
**Palm Beach, FL 33480**

4. FEI Number **59-1280928**

Applied For  
Not Applicable

Zip Country  
**33480 USA**

Zip Country  
**33480 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENDOZA, MARIO G III  
C/O MENDOZA AND CALLAS  
251 ROYAL PALM WAY- STE 602  
PALM BEACH FL 33480**

Name  
**Angell Corporate Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**One N. Clematis Street, Suite 400**

City Zip Code  
**West Palm Beach FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jonathan Ehde, President*

4/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**PDT WELFELD, ANN A , 251 ROYAL PALM WAY PALM BEACH FL** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**PDT Welfeld, Ann A. 341 Brazilian Avenue Palm Beach, FL 33480** ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**S WELFELD, MARVIN J JR. 251 ROYAL PALM WAY PALM BEACH FL** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**S Welfeld, Marvin J. Jr. 341 Brazilian Avenue Palm Beach, FL 33480** ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**AS DE MENDOZA, MARIO G III 251 ROYAL PALM WAY PALM BEACH FL** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**AS Welfeld, Marvin J. Jr. 341 Brazilian Avenue Palm Beach, FL 33480** ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jonathan Ehde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)