

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90308 048 \*\*\*150.00

**DOCUMENT #** F94000006596

1. Entity Name

HEALTHY FOODS OF AMERICA, INC. ✓

A0062153

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
 777 S. FLAGLER DRIVE  
 WEST TOWER, 14th FLOOR  
 WEST PALM BEACH, FL 33401

**Mailing Address**  
 777 S. FLAGLER DRIVE  
 WEST TOWER, 14th FLOOR  
 WEST PALM BEACH, FL 33401

**2. Principal Place of Business**  
 777 S. FLAGLER DRIVE

**3. Mailing Address**  
 777 S. FLAGLER DRIVE

Suite, Apt. #, etc.  
 EAST TOWER, SUITE 1000

**City & State**  
 WEST PALM BEACH, FL

**City & State**  
 WEST PALM BEACH, FL

**Zip** 33401 **Country** USA

**Zip** 33401 **Country** USA

**4. FEI Number**  
 65-0541781

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

**Name**

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

**City** **FL** **Zip Code**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

<b>TITLE</b> P <b>NAME</b> STERN, RONALD <b>STREET ADDRESS</b> 777 S FLAGLER DR., WEST TOWER, 14th FLOOR <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
<b>TITLE</b> C <b>NAME</b> GLORIT, WILLIAM <b>STREET ADDRESS</b> 777 S. FLAGLER DR., WEST TOWER, 14th FLOOR <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> ABRAHAM, S. DANIEL <b>STREET ADDRESS</b> 777 S. FLAGLER DR., WEST TOWER, 14th FLOOR <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> STEINBERG, EDWARD L. <b>STREET ADDRESS</b> 777 S. FLAGLER DR., WEST TOWER, 14th FLOOR <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> ABRAHAM, TAMAR <b>STREET ADDRESS</b> 777 S. FLAGLER DR., WEST TOWER, 14th FLOOR <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> P <b>NAME</b> STERN, RONALD <b>STREET ADDRESS</b> 777 S. FLAGLER DR., EAST TOWER, SUITE 1000 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> NOONAN, CHARLES <b>STREET ADDRESS</b> 777 S. FLAGLER DR., EAST TOWER, SUITE 1000 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> ABRAHAM, S. DANIEL <b>STREET ADDRESS</b> 777 S. FLAGLER DR., EAST TOWER, SUITE 1000 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> DS <b>NAME</b> STEINBERG, EDWARD L. <b>STREET ADDRESS</b> 777 S. FLAGLER DR., EAST TOWER, SUITE 1000 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> ABRAHAM, TAMAR <b>STREET ADDRESS</b> 777 S. FLAGLER DR., EAST TOWER, SUITE 1000 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **CHARLES T. NOONAN** **4-24-01 (561) 820-1320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)