

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90152 033 ***150.00

DOCUMENT # F94000006596



1. Entity Name
HEALTHY FOODS OF AMERICA, INC.

Principal Place of Business
**777 S FLAGLER DRIVE
EAST TOWER, SUITE 1000
WEST PALM BEACH FL 33401**

Mailing Address
**777 S FLAGLER DRIVE
EAST TOWER, SUITE 1000
WEST PALM BEACH FL 33401**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0541781**

Applied For
Not Applicable

Zip Country Zip Country

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

SIGNATURE _____ (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 | T <input type="checkbox"/> Delete |
| NAME | NOONAN, CHARLES |
| STREET ADDRESS | 777 S FLAGLER DR, EAST TOWER, STE 1000 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ABRAHAM, S. DANIEL |
| STREET ADDRESS | 777 S FLAGLER DR, EAST TOWER, STE 1000 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 |
| TITLE | DS <input type="checkbox"/> Delete |
| NAME | STEINBERG, EDWARD L |
| STREET ADDRESS | 777 S FLAGLER DR, EAST TOWER, STE 1000 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ABRAHAM, TAMAR |
| STREET ADDRESS | 777 S FLAGLER DR, EAST TOWER, STE 1000 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: SIGNATURE REQUIRED **1/30/03** **(561) 514-3907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)