

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90177 012 ***150.00

DOCUMENT # F96000004797

1. Entity Name
HEALTH VALLEY COMPANY



Principal Place of Business
16100 FOOTHILL BLVD
IRWINDALE, CA 91706 US

Mailing Address
16100 FOOTHILL BLVD
IRWINDALE, CA 91706 US

2. Principal Place of Business

58 South Service Rd

Suite, Apt. #, etc.

Suite 250

City & State

Melville, NY

Zip

11747

Country

USA

3. Mailing Address

58 South Service Rd

Suite, Apt. #, etc.

Suite 250

City & State

Melville, NY

Zip

11747

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

95-4575073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's 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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PT
SIMON, IRWIN
SW S SERVICE RD STE 250
MELVILLE, NY 11747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CVF
JACOBS, GARY
58 S SERVICE RD
MELVILLE, NY 11747 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SVPO
BRECHER, BENJIE
50 CHARLES LINDBERGH BLVD
UNIONDALE, NY 11563 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
President, CEO
Irwin Simon
58 South Service Rd, Ste 250
Melville, NY 11747 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
EVP & CFO
Ira Lamel
58 South Service Rd Ste 250
Melville, NY 11747 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA LAMEL

Date

Daytime Phone #

CR2E034 (10/02)