

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**  
 05-18-2001 91589 047 \*\*\*150.00

**DOCUMENT #** *07823*  
**1. Entity Name**  
*Healthy Products, Inc.*

**Principal Place of Business** **Mailing Address**  
*2920 NW 106 Ave*  
*Coral Springs, FL 33065*

**2. Principal Place of Business** **3. Mailing Address**  
*2920 NW 106 Ave* *same*  
 Suite, Apt. #, etc.

**City & State** **City & State**  
*Coral Springs*  
**Zip** **Country** **Zip** **Country**  
*FL* *USA*

**4. FEI Number** **Applied For**  
*65-0020189* ☐ **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**  
**Name** *on your records*  
**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** *you have on your records*  
 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.** ☐ **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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Lino Stanchich</i>	
STREET ADDRESS	<i>2920 NW 106 Ave.</i>	
CITY-ST-ZIP	<i>Coral Springs, FL 33065</i>	
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	<i>Jane Quincannon</i>	
STREET ADDRESS	<i>2920 NW 106 Ave.</i>	
CITY-ST-ZIP	<i>Coral Springs, FL 33065</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

**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:** *Jane F. Quincannon* *4/27/01 (954) 757-6455*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)