

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003049

1. Entity Name

HEALTHY HEART FOODS, L.L.C.

Principal Place of Business

2101 CORPORATE BLVD. N.W., SUITE 414
BOCA RATON FL 33431

Mailing Address

2101 CORPORATE BLVD. N.W., SUITE 414
BOCA RATON FL 33431-7343

2. Principal Place of Business

1801 S. Federal Hwy.
Suite, Apt. #, etc.
245B

3. Mailing Address

1801 S. Federal Hwy.
Suite, Apt. #, etc.
245B

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

Country

33483 US

Zip

Country

33483 US

4. FEI Number

65-0924491

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Additional Fee Required

\$5.00

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWARTZ, HOWARD L
2101 CORPORATE BLVD. N.W., SUITE 414
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

1801 S. Federal Hwy
Ste. 245B

City
Delray Beach

FL

Zip Code
33483

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

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHWARTZ, HOWARD L 2101 CORPORATE BLVD. N.W., SUITE 414 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DE MARCHI, BARBARA 2727 N. OCEAN BLVD., A402 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIUFFRIDA, LILLIAN 792 N.E. 33RD STREET BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Schwartz, Howard L 1801 S. Federal Hwy Ste 245B Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/26/00

561-997-0000

CP2E083 (9/99)