

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/2:

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90404 015 \*\*\*150.00

**DOCUMENT # P00000099637**

1. Entity Name  
**GARDEN OF LIFE, INC.**

Principal Place of Business  
**15419 69TH DRIVE NORTH**  
**PALM BEACH GARDENS FL 33418**

Mailing Address  
**15419 69TH DRIVE NORTH**  
**PALM BEACH GARDENS FL 33418**

38422



2. Principal Place of Business  
**1449 JUPITER PARK DR**  
 Suite, Apt. #, etc.  
**SUITE # 16**

3. Mailing Address  
**1449 JUPITER PARK DR**  
 Suite, Apt. #, etc.  
**SUITE # 16**

City & State  
**JUPITER FL**

City & State  
**JUPITER FL**

4. FEI Number **65-1048040**

Applied For  
 Not Applicable

Zip **33458** Country **PALM BEACH**

Zip **33458** Country **PALM BEACH**

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

6. Name and Address of Current Registered Agent

**RATFIELD, LOUIS W**  
**7318 LAKE WORTH ROAD**  
**LAKE WORTH FL 33467**

**15419 69TH D.N.**  
**P.B.G. 33418**

7. Name and Address of New Registered Agent

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

City **FL** Zip Code **33409**

8. The above named agent submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Jordan S. Rubin** DATE **7/8/02**  
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. RUBIN, JORDAN S PRES 15419 69TH DRIVE NORTH PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. RUBIN, NICOLE D V PRES 15419 69TH DRIVE NORTH PALM BEACH GARDENS FL 33418	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **Jordan S. Rubin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-8-02** Daytime Phone # **561.748-2477**

CR2E034 (9/01)