

FILED
May 30, 2002 8:00 am
Secretary of State

05-07-2002 90243 030 ***150.00

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

DOCUMENT # P01000082950

1. Entity Name

FOOD 4 HEALTH, INC

DO NOT WRITE IN THIS SPACE

88152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

705 BUSBEE AVE.

Suite, Apt. #, etc.
SUITE C

City & State
APOPKA, FLORIDA

Zip Country
32703 ORANGE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number

59-3741009

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

7. Name and Address of Current Registered Agent

Name **JASMINE D. CALEB**

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

705 Busbee Ave. Ste C.

City **Apopka**

FL

Zip Code
32703

**DO NOT WRITE
 IN THIS SPACE**

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 of Registered Agent

Signature of Registered Agent

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so

**January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
PT	Jasmine D. Caleb	705 Busbee Ave. Ste C	Apopka	FL	32704						
VP	Benedict D. Caleb	705 Busbee Ave Ste C	Apopka	FL	32704						

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(a), Florida Statutes. I further certify that the information included 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 individual or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attached schedule with an address, with all other I do employed.

SIGNATURE: **B. D. Caleb**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 407-886-6007

DAY

DAYTIME PHONE

CR2E034B (12/01)