

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002383

1. Entity Name

HEALTH "E" HOME DELIVERED MEALS, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90045 023 ***150.00

Principal Place of Business

3594 S OCEAN BLVD.
#1101
HIGHLAND BCH FL 33487

Mailing Address

3594 S OCEAN BLVD.
#1101
HIGHLAND BCH FL 33487-3350

A0030370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6876 N. POWERLINE RD
Suite, Apt. #, etc.

3. Mailing Address

3606 S OCEAN BLVD
Suite, Apt. #, etc. 204

City & State

Fr Lauderdale FL
Zip 33309 Country USA

City & State

HIGHLAND BCH FL
Zip 33487 Country USA

4. FEI Number

65-0373582

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENNER, SUZETTE M
3594 S OCEAN BLVD.
#1101
HIGHLAND BCH FL 33487

CHANGE
of
ADDRESS →

7. Name and Address of New Registered Agent

Name SUZETTE M WENNER
Street Address (P.O. Box Number is Not Acceptable) 3606 S Ocean Blvd
City Highland Beach FL Zip Code 33487

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.

Address Chg

SIGNATURE

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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	WENNER, SUZETTE M	
STREET ADDRESS	2519 N OCEAN BLVD APT 412A	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-2000 (954) 975-9611

CR2E034 (9/99)