

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90198 022 ***150.00

DOCUMENT # P93000064769

1. Entity Name
UNLIMITED HEALTH FOODS INC.

Principal Place of Business
4900 LINTON BLVD.
#3
DELRAY BEACH FL 33445

Mailing Address
365 GREENWOOD CT
VILLANOVA PA 19085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
7040 W. Palmetto PK Rd #6
 Suite, Apt. #, etc.

City & State
BOCA RATON FL

4. FEI Number **65-0436992**
 Applied For
 Not Applicable

Zip **33433** Country **USA**

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

6. Name and Address of Current Registered Agent

FRIEDMAN, ALTON
22887 ROYAL CROWN TERR
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
 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 _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	MORRIS, JAY	365 GREENWOOD CT	VILLANOVA PA 19085	<input type="checkbox"/>
V	MORRIS, JODI	365 GREENWOOD CT	VILLANOVA PA 19085	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	MORRIS JAY	7040 W. Palmetto PK Rd #6	BOCA RATON FL 33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	MORRIS Jodi	7040 W. Palmetto PK Rd #6	BOCA RATON FL 33496	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Jay Morris Pres Date: 4/16/02 Daytime Phone #: 561-391-3240

CR2E034 (9/01)