

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084047

1. Entity Name  
HEALTH FOODS PLUS, INC.

Principal Place of Business

1425 SW FIRST COURT  
BAYU #24  
POMPANO BEACH FL 33069  
US

Mailing Address

1425 SW FIRST COURT  
BAY #24  
POMPANO BEACH FL 33069  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0460423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALANORILLO, MICHAEL  
1425 SW FIRST COURT  
BAY #24  
POMPANO BEACH FL 33069

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
P  
CALANDRILLO, MICHAEL  
1425 SW FIRST COURT, BAY #24  
POMPANO BEACH FL 33069 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500004614365--2  
-09/27/01--01086--020  
\*\*\*550.00 \*\*\*550.00  
☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP  
☐ Change ☐ 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: MICHAEL CALANDRILLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01

954-784-2265

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 25 AM 9:40



DO NOT WRITE IN THIS SPACE

003138 AV

CR2E034 (5/01)

**MONTARULI & VIDULICH, LTD.**  
ACCOUNTANTS

MARC L. MONTARULI, CPA  
JOSEPH VIDULICH, JR.

20 SOUTH VILLAGE AVENUE  
ROCKVILLE CENTRE, NEW YORK 11570  
(516) 255-0300 • Fax (516) 255-0460

September 17, 2001

Division of Corporations  
Uniform Business Report Filings  
PO Box-1500  
Tallahassee, FL 32302-1500

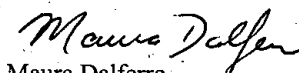
Re: Health Foods Plus, Inc.  
ID#: 65-0460423

Dear Sir/Madam,

We are the accountants for the taxpayer mentioned above. As you see by our address we are located in New York. We request that you waive the penalty for late filing of the 2001 Uniform Business Report. We were in the process of sending the taxpayer the completed form to forward to you on September 11, 2001 via Federal Express. Due to the tragic attack on the World Trade Center in New York City there was no way to send it to Florida.

If you have any question regarding this please contact us.

Sincerely,

  
Maura Dalferro  
Certified Public Accountant

MD:sk