

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043182

1. Entity Name

HEALTHY FAT FREE FOODS, INC.

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90064 038 \*\*\*150.00

Principal Place of Business

6550 N. FEDERAL HWY.  
SUITE 340  
FT. LAUDERDALE FL 33308

Mailing Address

6550 N. FEDERAL HWY.  
SUITE 340  
FT. LAUDERDALE FL 33308-1400

00047063

2. Principal Place of Business

3520 OAKS WAY #909  
Suite, Apt. #, etc.

3. Mailing Address

3520 OAKS WAY #909  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
POMPANO BEACH FL

City & State  
POMPANO BEACH FL

4. FEI Number 65-0518255

Applied For  
Not Applicable

Zip Country  
33069 BROWARD

Zip Country  
33069 BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, JAMES W  
6550 N. FEDERAL HWY.  
SUITE 340  
FT. LAUDERDALE FL 33308

Name BENJAMIN FRIEDMAN  
Street Address (P.O. Box Number is Not Acceptable)  
3520 OAKS WAY #909  
City POMPANO BCH FL Zip Code 33069

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/00

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 D  
NAME FRIEDMAN, BENJAMIN  
STREET ADDRESS 18151 NE 31ST CT., PH 117  
CITY-ST-ZIP N. MIAMI BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 3520 OAKS WAY #909  
CITY-ST-ZIP POMPANO BCH FL 33069 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/00