

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044984

1. Entity Name

PARADISE HEALTH FOODS, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90041 049 \*\*\*150.00

0078467

Principal Place of Business

Mailing Address

1150 MALABAR ROAD S.E.  
PALM BAY FL 32907  
US

1150 MALABAR ROAD S.E.  
PALM BAY FL 32907  
US

001004

2. Principal Place of Business

3. Mailing Address

1150 MALABAR Rd. S.E.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Palm Bay FL

4. FEI Number 59-3251488

Applied For

Not Applicable

Zip

Country

Zip

Country

32907

FLORIDA

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

SOKOLOFF, THOMAS P  
1150 MALABAR ROAD S.E.  
PALM BAY FL 32907

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

Thomas P. Sokoloff

Thomas P. Sokoloff President

4/27/01

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 PD  
NAME SOKOLOFF, THOMAS P  
STREET ADDRESS 1150 MALABAR ROAD S.E.  
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

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

TITLE VP  
NAME SOKOLOFF, LAURA B  
STREET ADDRESS 1150 MALABAR ROAD S.E.  
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

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

TITLE S  
NAME HAMMOCK, WILLIAM D  
STREET ADDRESS 1150 MALABAR ROADS.E.  
CITY-ST-ZIP PALM BAY FL 32907 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas P. Sokoloff President Thomas P. Sokoloff 4/27/01 321-729-8311

CR2E034 (10/00)