

FROM : BOOKKEEPING SERVICES INC
APR-25-03 FRI 03:57 PM

FAX NO. : 9547858139

FAX NO

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90164 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000079666

1. Entity Name
HEALTH FOODS AND MORE, INC.

Principal Place of Business
2900 W SAMPLE RD
#56A
POMPANO BEACH, FL 33073 US

Mailing Address
5365 ASCOT BEND
BOCA RATON, FL 33495 US

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

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
66-0526434

Applied For
Full Application

5. Certificate of State Deletion \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GACHE, RONALD M
ONE NORTH CLERMONT STREET
SUITE 600
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Print Name: _____ (NOTE: Registered Agent signature required when certifying)

9. Election Campaign Financing
Trust Fund Contribution \$5.00 Add'l Fee Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
	PO PASSKOFF, MARSHALL 5365 ASCOT BEND BOCA RATON, FL 33496		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(1), Florida Statutes. I further certify that the information disclosed on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: *[Signature]* DATE: **4/28/2003** CHY 979 4225