

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. Entry Name
HEALTH FOODS AND MORE, INC.

Principal Place of Business: 2930 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 CLIMATE 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: _____ State: _____ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **4/28/2003** CHY 979 4225