

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000067427****1. Entity Name**

HEALTH &amp; ENERGY USA, INC.

**Principal Place of Business**C/O SHELDON ENGLEHARD  
5355 TOWN CENTER RD  
BOCA RATON  
33486

FL

**Mailing Address**C/O SHELDON ENGLEHARD  
5355 TOWN CENTER RD  
BOCA RATON  
33486

FL

**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**

65-0772978

**Applied For**

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**ENGELHARD SHELDON  
5355 TOWN CENTER RD  
THE PLAZA SUITE 801  
BOCA RATON  
33486

FL

US

**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)

04/14/2000

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 \$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	S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33486	<input checked="" type="checkbox"/> Delete
		ALKOBY SHLOMO	5355 TOWN CENTER RD SUITE 801	BOCA RATON	FL	33486	

TITLE	S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33486	<input checked="" type="checkbox"/> Delete
		MAIZES ISAAC	5355 TOWN CENTER RD SUITE 801	BOCA RATON	FL	33486	

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33486	<input type="checkbox"/> Delete
		ENGELHARD SHELDON	5355 TOWN CENTER RD SUITE 801	BOCA RATON	FL	33486	

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Delete

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Delete

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: SHELDON ENGLEHARD**

P

04/14/2000

**JOSE F PEDREIRA**  
**5355 TOWN CENTER RD., STE 801**  
**BOCA RATON, FL 33486**