**FILED** 

7 | 6 | 0 | 561-361-9906

## **2001 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # P98000073814  1. Entity Name NATURAL FOOD CORPORATION  |  |  |   |                        | Jul 17, 2001 8:00 am<br>Secretary of State<br>07-17-2001 90003 040 ***150.00 |                            |  |  |
|---|--|--|---|------------------------|--|----------------------------|--|--|
| Principal Place of Business  Mailing Address  568407 ARBOR CLUB WAY  BOCA RATON FL 33441  Mailing Address  568407 ARBOR CLUB WAY  BOCA RATON FL 33441 |  |  |   |                        | # 1887/88 (#2 1818) (186) (#8) (#  |                            | 1( <b>8</b> 2) <b>8(8</b> ) 2 <b>8</b> 1 |  |
| 2. Principal F  | 52 Beracasa Way  | 3. Mailing Address 7052 Be Suite, Apt. #, etc.               | iacasa  | Way                    | DO NOT WR  | ITE IN THIS SPACE          |  |  |
| City & Star<br>BC<br>Zip  | te Country Country   | City & State Pato  | Country_  |                        | FEI Number 65-0859799 Certificate of Status Desired                          | ) No                       |  |  |
|   | ——6. Name and Address of Current Re<br>HOWARD<br>RBOR CLUB WAY<br>TON FL 33441   | gistered Agent   | Street A  | Lowa                   | Box Number is Not Acceptab   |                            | <sub>e</sub> ua A                        |  |
| SIGNATURE  9. This corporate filing   | signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.  | title if applicable. (NOTE: R                                | registered Agent signates FEE IS \$550.2001 Fee will be | oo \$750.00            |  | DATE inancing\$5.0         | May Be                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>BELLER, HOWARD<br>557602 ARBOR CLUB WAY<br>BOCA RATON FL 33433  | RECTORS  Delete  | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP               | )A                     | ODITIONS/CHANGES TO OF   |                            | S IN 11                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SVP<br>BERRIN, ELISE<br>574014 ARBOR CLUB WAY<br>BOCA RATON FL 33433   | ☐ Delete   | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP-               | 5VP<br>BERRI<br>2530 ( | N, ELISE<br>CoCo Plum Blvd,  | Øchange<br>Uni+ 1002       | Addition                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ 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 NAME STREET ADDRESS CITY-ST-ZIP   | ·  | ☐ 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                                 |  |
| indicated<br>of the cor   | Certify that the information supplied with this of this report or supplemental report is true portain or the receiver or trustee empore or on an attachment with an address with | e and accurate and that my<br>ered to execute this report as | e exemption stat<br>signature shall h                   | ave the same           | legal effect as if made under  | oath; that I am an officer | or director                              |  |

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_



ATTACHMENT ACOME

CERTIFIED PUBLIC ACCOUNTANTS

P98000073814

Joel I. Levy, CPA, MST Josh Freedman, CPA

2101 CORPORATE BLVD. NW, SUITE 317 BOCA RATON, FL 33431 TELEPHONE 561/998-7770 FAX 561/998-7771 EMAIL jilcpa@bellsouth.net.

July 11, 2001

Division of Corporations
Uniform Business Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Natural Food Corporation. ID# 65-0859799 2001 Uniform Business Report

Gentlemen,

We are writing is response to receiving your package with the above referenced report. We are enclosing the completed and executed form as required.

However, this was our first full year in business, and as you can see from the enclosed report, many addresses have changed during the year.

Based upon the above, and the fact that we responded as soon as we received your correspondence, we are enclosing our check in the amount of \$150.00 and respectfully request that you accept this as our 2001 annual payment.

We thank you for your consideration in this matter.

Very truly yours,

Levy & Associates, P.A.

Joel I. Levy, OPA, MST, PFS.

cc: Howard Belle