

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90095 008 ***550.00

DOCUMENT # P99000071470

1. Entity Name
THE HEALTH FOOD EMPORIUM INC.

Principal Place of Business
**1210 INTERNATIONAL PKWY SOUTH, SUITE 162
 LAKE MARY FL 32764**

Mailing Address
**314 ALEXANDRA WOODS DR.
 DEBARY FL 32713**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3599783**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**WAHEED, AAMIR
 314 ALEXANDRA WOODS DR.
 DEBARY FL 32713**

Name **4 SAME**
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/10/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	WAHEED, AAMIR	
STREET ADDRESS	314 ALEXANDRA WOODS DR.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAHEED, LUBNA	
STREET ADDRESS	418 E. MCPHERSON ST.	
CITY-ST-ZIP	NASHVILLE GA 31369	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, CHERI S	
STREET ADDRESS	314 ALEXANDRA WOODS DR.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 407-810-7660
 Date Daytime Phone #

CR2E034 (4/02)