

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081607

1. Entity Name

HEALTH & FOOD SAFETY INTERNATIONAL CORPORATION

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90127 001 \*\*\*158.75

Principal Place of Business

7570 S FEDERAL HWY. SUITE 13  
HYPOLUXO FL 33462

Mailing Address

7570 S FEDERAL HWY. SUITE 13  
HYPOLUXO FL 33462-6060

950550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 850

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0992512

Applied For

Not Applicable

Zip

Country

Zip

Country

33425

US

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

CHRISTIAN, THEODORE G  
7570 S FEDERAL HWY, SUITE 13  
HYPOLUXO FL 33462

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete  
NAME CHRISTIAN, THEODORE G  
STREET ADDRESS 7570 S FEDERAL HWY, SUITE 13  
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE PD ☐ Change ☒ Addition  
NAME William K. CHRISTIAN  
STREET ADDRESS 7570 S. FEDERAL Highway, Suite 13  
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THEODORE G. CHRISTIAN - 4-28-00 547-4337

CR2E034 (9/99)