

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90123 031 ****61.25

DOCUMENT # N97000004350

1. Entity Name

HEP-C ALERT, INC.

Principal Place of Business

Mailing Address

~~2620 HOLLYWOOD BLVD~~
~~STE 100~~
~~HOLLYWOOD FL 33021~~
~~US~~

3801 N FEDERAL HWY
 POMPAÑO BEACH FL 33064
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

660 NE 125 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

City & State

4. FEI Number

65-0770856

Applied For

Not Applicable

Zip

33161

Country

US

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

MAHONEY, ROBERT F. CPA
3801 N FEDERAL HWY
POMPAÑO BEACH FL 33064

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DPTS** Delete
 NAME: **THOMAS, ANDREA LEE**
 STREET ADDRESS: **1541 SW 55 AVE**
 CITY-ST-ZIP: **PLANTATION FL 33317**

TITLE: **P** Change Addition
 NAME: **THOMAS, ANDREA LEE**
 STREET ADDRESS: **1541 SW 55 AVE**
 CITY-ST-ZIP: **PLANTATION, FL 33317**

TITLE: **TD** Delete
 NAME: **MAHONEY, ROBERT F**
 STREET ADDRESS: **3801 N FEDERAL HWY**
 CITY-ST-ZIP: **POMPAÑO BEACH FL 33064**

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

TITLE: **D** Delete
 NAME: **QUINN, NORMAN**
 STREET ADDRESS: **12290 NW 20T CT**
 CITY-ST-ZIP: **PLANTATION FL 33323**

TITLE: **VP, D** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **MCMURRAY, CONNIE R.N.**
 STREET ADDRESS: **4840 SW 92ND AVE**
 CITY-ST-ZIP: **MIAMI FL 33165**

TITLE: **D, S** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **S, D** Change Addition
 NAME: **KATHLEEN MATHERS**
 STREET ADDRESS: **660 NE 125 ST, N. MIAMI, FL 33161**
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

12. 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 617, 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 like empowered.

SIGNATURE: *Andrea Lee Thomas* **ANDREA LEE THOMAS** 1/5/02 305-893-7992

CR2E037 (9/01)