

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # V61855**

1. Entity Name  
**HEALTH TEST, INC.**

Principal Place of Business  
 3341 SW 15TH STREET  
 POMPANO BEACH FL 33069

Mailing Address  
 P.O. BOX 8726  
 FT. LAUDERDALE FL 333108726

2. Principal Place of Business  
 3333 SW 15TH STREET

3. Mailing Address  
 P.O. BOX 9748

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 POMPANO BEACH FL

City & State  
 FT. LAUDERDALE FL

4. FEI Number  
**65-0700043**

Applied For  
 Not Applicable

Zip Country  
 33069

Zip Country  
 33310

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**

ARONOWITZ JACK L  
 3341 SW 15TH STREET  
 POMPANO BEACH FL 33069 US

Name  
**ECKHAUS JAY EESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**3333 SW 15TH STREET**

City  
**POMPANO BEACH FL** Zip Code  
**33069**

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 **JAY E. ECKHAUS, ATTORNEY AT LAW AND SEC.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**02/26/2001**

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, 2001 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  
 NAME **VT STREGER STUART R**  Delete  
 STREET ADDRESS **3341 SW 15TH STREET**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  
 NAME **VT USINOWICZ, JR. WALTER V**  Change  Addition  
 STREET ADDRESS **3333 SW 15TH STREET**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  
 NAME **VS ECKHAUS JAY E**  Delete  
 STREET ADDRESS **3341 SW 15TH STREET**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  
 NAME **VS ECKHAUS JAY E**  Change  Addition  
 STREET ADDRESS **3333 SW 15TH STREET**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  
 NAME **PD ARONOWITZ JACK L**  Delete  
 STREET ADDRESS **3341 SW 15TH STREET**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  
 NAME **PD BLOCK ELLIOTT**  Change  Addition  
 STREET ADDRESS **3333 SW 15TH STREET**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 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: Jay E. Eckhaus, Secretary**

Sec **02/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)