

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
33069

FL

Mailing Address

P.O. BOX 8726

FT. LAUDERDALE
333108726

FL

2. Principal Place of Business

3333 SW 15TH STREET

3. Mailing Address

P.O. BOX 9748

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH

FL

City & State

FT. LAUDERDALE

FL

Zip
33069

Country

Zip
33310

Country

4. FEI Number**65-0700043**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**ARONOWITZ JACK L
3341 SW 15TH STREETPOMPANO BEACH
33069

FL

US

7. Name and Address of New Registered Agent**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.****02/26/2001**

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, 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**

TITLE	VT	<input type="checkbox"/> Delete
NAME	STREGER STUART R	
STREET ADDRESS	3341 SW 15TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ECKHAUS JAY E	
STREET ADDRESS	3341 SW 15TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARONOWITZ JACK L	
STREET ADDRESS	3341 SW 15TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USINOWICZ, JR. WALTER V	
STREET ADDRESS	3333 SW 15TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKHAUS JAY E	
STREET ADDRESS	3333 SW 15TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK ELLIOTT	
STREET ADDRESS	3333 SW 15TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 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)