

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # 563423

1. Entity Name
HEALTH CARE CONSULTING SERVICES, INC.

Principal Place of Business
780 N.W. LEJUNE RD
SUITE 616
MIAMI FL 33126

Mailing Address
780 N.W. LEJUNE RD
SUITE 616
MIAMI FL 33126

2. Principal Place of Business
780 N.W. LEJUNE RD

3. Mailing Address
780 N.W. LEJUNE RD

Suite, Apt. #, etc.
SUITE 616

Suite, Apt. #, etc.
SUITE 616

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33126 US

Zip Country
33126 US

4. FEI Number
59-1805494

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ ROBERTO
780 N.W. DEJUNE RD
#616
MIAMI FL 33126 US

7. Name and Address of New Registered Agent

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 _____ DATE 04/19/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PST	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
		SANCHEZ, ROBERTO	1790 BAY DR	MIAMI BCH, FL 00000	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: ROBERTO SANCHEZ

PST 04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)