

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001800

1. Entity Name
HEALTH TRANS, INC.

APPROVED
AND
FILED

02 FEB -8 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1995 N.E. 142 STREET
NORTH MIAMI FL 33181

Mailing Address

ONE RIVERWAY
STE 500
HOUSTON TX 77056
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0613681

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2002 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

T
REYES, STEPHANIE
1 RIVERWAY STE 500
HOUSTON TX 77056 ☒ Delete

VDS
LONGO, ROBERT E
ONE RIVERWAY, STE 500
HOUSTON TX 77056 ☐ Delete

D
BELL, LINDA
ONE RIVERWAY, STE 500
HOUSTON TX 77056 ☐ Delete

DCEO
GALLAGHER, FRANK P
ONE RIVERWAY, STE 500
HOUSTON TX 77056 ☒ Delete

ACS
ROSECRANS, SHAYNE A
1 RIVERWAY STE 500
HOUSTON TX 77056 ☐ Delete

☐ Delete

DT
DAVID Young
One Riverway, Ste 500
Houston TX 77056 ☐ Change ☒ Addition

☐ Change ☐ Addition

300004897413--0 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Shayne A. Rosecrans 01-23-02 (713) 888 0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 419083 7111512

AUTHORIZATION

Patricia Piquito

COST LIMIT : \$ 150

ORDER DATE : February 7, 2002

ORDER TIME : 12:05 PM

ORDER NO. : 419083-115

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans
Coach Usa
One Riverway
Suite 500
Houston, TX 770561903

RECEIVED
02 FEB -8 PM 2:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HEALTH TRANS INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: _____