

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000620

1. Entity Name

HEARTNET INTERNATIONAL, INC.

FILED

May 06, 2000 8:00 am  
Secretary of State

05-06-2000 90069 001 \*\*\*\*\*8.75

05-06-2000 90069 002 \*\*\*150.00

Principal Place of Business

5929 N. OCEAN BLVD.  
OCEAN RIDGE FL 33435

Mailing Address

5929 N. OCEAN BLVD.  
OCEAN RIDGE FL 33435-5245

2. Principal Place of Business

815 Tangerine Way  
Suite, Apt. #, etc.

3. Mailing Address

815 Tangerine Way  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gulf Stream

City & State

Gulf Stream FL

4. FEI Number

86-0805519

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

US

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARTER, CARLOS  
5929 N. OCEAN BLVD  
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name

WARTER CARLOS

Street Address (P.O. Box Number is Not Acceptable)

815 Tangerine Way

City

Gulf Stream

FL

Zip Code

33483

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, 2000 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	PC	<input type="checkbox"/> Delete
NAME	WARTER, CARLOS	
STREET ADDRESS	5929 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	WARTER, CAROLINA PENNA	
STREET ADDRESS	5929 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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		<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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

561.276.2670

561.733.2733

Daytime Phone #

CR2034 (9/99)