

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90387 023 ****50.00

DOCUMENT # L99000007986

1. Entity Name

HEARTTEST, L.L.C.

Principal Place of Business

700 NORTH HIATUS ROAD
SUITE 105
PEMBROKE PINES FL 33026

Mailing Address

700 NORTH HIATUS ROAD
SUITE 105
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0962553

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSS, WILLIAM J ESQ.
C/O TRIPP SCOTT, PA
110 S.E. 6TH STREET, 15TH FLOOR
FORT LAUDERDALE FL 33301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME EHRENBURG, DORIS
STREET ADDRESS 1495 FAIRWAY ROAD EAST
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE MGRM ☐ Change ☐ Addition
NAME CRAIG SATINOFF
STREET ADDRESS 8994 TAFT ST
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE MGRM ☐ Delete
NAME EHRENBURG, BARBARA
STREET ADDRESS 10919 MAIN SAIL DRIVE
CITY-ST-ZIP COOPER CITY FL 33026

TITLE MGRM ☐ Change ☐ Addition
NAME ALBERTO E FERNANDEZ
STREET ADDRESS 6001 N OCEAN DR #1701
CITY-ST-ZIP Hollywood FL 33019

TITLE MGRM ☐ Delete
NAME FERNANDEZ NELSON,
STREET ADDRESS 10061 N.W. 1ST COURT
CITY-ST-ZIP PLANTATION FL 33324

TITLE MGRM ☐ Change ☐ Addition
NAME ALBERTO GIL
STREET ADDRESS 11956 SW 54 ST.
CITY-ST-ZIP Cooper City FL 33330

TITLE MGRM ☐ Delete
NAME HORGAN, JOSEPH T M.D.
STREET ADDRESS 4300 S.W. 131ST AVENUE
CITY-ST-ZIP DAVIE FL 33330

TITLE MGRM ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CAHN, MONTE
STREET ADDRESS 2051 S.E. 18TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE MGRM ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME FERNANDEZ, ALBERTO
STREET ADDRESS 10061 NW 1ST CT
CITY-ST-ZIP PLANTATION FL

TITLE MGRM ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)