

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002857

1. Entity Name

ETHNIC HEALTH INFORMATION NETWORK, INC.

Principal Place of Business

1200 SOUTH FEDERAL HIGHWAY
SUITE 203
BOYNTON BEACH FL 33433

Mailing Address

1735 LANDS END ROAD
MANALAPA FL 33462

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1200 South Federal Highway

Suite, Apt. #, etc.

203

City & State

City & State

Boynton Beach, FL

Zip

Country

Zip

33435

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Andreas Papatheodorou

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

1200 South Federal Highway, Suite #203

City

Boynton Beach

FL

Zip Code

33435

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

Andreas Papatheodorou

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME PAPATHEODOROU, ANDREAS
STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP BOYNTON BEACH FL 33433 ☐ Delete

TITLE D
NAME LENOIR, MICHAEL DR.
STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP BOYNTON BEACH FL 33433 ☐ Delete

TITLE D
NAME PAPATHEODOROU, ANDREAS
STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP BOYNTON BEACH FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andreas Papatheodorou, Andreas Papatheodorou

4/28/01

561-731-5881

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90160 035 ****61.25

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DO NOT WRITE IN THIS SPACE

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