

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90133 006 ****61.25

DOCUMENT # N02000000122

1. Entity Name

HEARTNET, INC.

Principal Place of Business

Mailing Address

**115 W THIRD CT
 MIAMI BEACH FL 33139**

**115 W THIRD CT
 MIAMI BEACH FL 33139**

830494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1138707

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**OXIOS, CARLA E
 115 W THIRD CT
 MIAMI BEACH FL 33139**

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 \$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 **P** ☐ Delete
 NAME **RUBIN, DOT**
 STREET ADDRESS **115 W THIRD CT**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **V** ☒ Delete
 NAME **WIESEN, PATRICIA**
 STREET ADDRESS **3800 IRVINGTON AVE**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **V** ☒ Delete
 NAME **GREEN, CAROL**
 STREET ADDRESS **3798 IRVINGTON AVE**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **S** ☐ Delete
 NAME **OXIOS, CARLA E**
 STREET ADDRESS **115 W THIRD CT**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **T** ☐ Delete
 NAME **HARTNETT, IGGY**
 STREET ADDRESS **115 W THIRD CT**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice-President** ☐ Change ☒ Addition
 NAME **Mark Kochkodan**
 STREET ADDRESS **1172 South Dixie Highway, PMB 388**
 CITY-ST-ZIP **Coral Gables, FL 33146**

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

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

**305
 634 3716**

Daytime Phone #

CR2E037 (9/01)