

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002918

1. Entity Name
HS1 ADMITTING NETWORK, INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90086 032 ***150.00

Principal Place of Business
1505 NW 167 STREET
SUITE 450
MIAMI FL 33169

Mailing Address
1505 NW 167 STREET
SUITE 450
MIAMI FL 33169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0973146

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

RODRIGUEZ, ALBERTO A
1505 NW 167 STREET
SUITE 450
MIAMI FL 33169

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

TITLE D ☒ Delete
NAME MOSQUERA, LUIS G
STREET ADDRESS 1505 NW 167 STREET SUITE 450
CITY-ST-ZIP MIAMI FL 33169

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

TITLE PD ☐ Delete
NAME BILOWICH, MATRIN
STREET ADDRESS 1505 NW 167 STREET SUITE 450
CITY-ST-ZIP MIAMI FL 33169

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

TITLE VDS ☒ Delete
NAME LEAHY, ROBERT
STREET ADDRESS 1505 NW 167 STREET SUITE 450
CITY-ST-ZIP MIAMI FL 33169

TITLE V.S.D ☐ Change ☒ Addition
NAME DALBERY, DEAN
STREET ADDRESS 1505 N.W. 167 STREET SUITE 450
CITY-ST-ZIP MIAMI, FL 33169

TITLE VDT ☐ Delete
NAME KEARNEY, KRISTIN
STREET ADDRESS 1505 NW 167 STREET SUITE 450
CITY-ST-ZIP MIAMI FL 33169

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

TITLE VD ☐ Delete
NAME WILHELM, CHARLES MD
STREET ADDRESS 1505 NW 167 STREET SUITE 450
CITY-ST-ZIP MIAMI FL 33169

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

TITLE VD ☒ Delete
NAME RODRIGUEZ, ALBERTO
STREET ADDRESS 1505 NW 167 STREET SUITE 450
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 305/614-0100
Date Daytime Phone #

CR2E034 (9/01)