

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90112 033 ***150.00

0615579

DOCUMENT # P00000011085

1. Entity Name

HEALTH TALK OF AMERICA, INC.

Principal Place of Business

Mailing Address

6065 NW 16TH ST
 SUITE B-12
 MIAMI FL 33015

6065 NW 16TH ST
 SUITE B-12
 MIAMI FL 33015

C0047968



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6065 NW 167 ST.

6065 NW 167 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B12

B12

City & State

City & State

MIAMI FL

MIAMI FL

4. FEI Number

65-0979284

Applied For

Not Applicable

Zip

Country

Zip

Country

33015 USA

33015 USA

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

LUIS, CESAR
 6065 NW 16TH ST
 SUITE B-12
 MIAMI FL 33015

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

MIAMI

FL

Zip

33015

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	LUIS, CESAR	
STREET ADDRESS	6065 NW 16TH ST. SUITE B-12	
CITY-ST-ZIP	MIAMI FL 33015	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6065 NW 167 ST. #B12	
CITY-ST-ZIP	MIAMI, FL 33015	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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CITY-ST-ZIP		

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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

CESAR LUIS, PRES

Date

4/13/01

Daytime Phone #

(305) 819-8445

CR2E034 (10/00)