

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90079 004 ***150.00

DOCUMENT # P00000033612

1. Entity Name

HEALTH ACCESS AMERICA, INC.

Principal Place of Business

**641 SABAL PALM RD.
 MIAMI FL 33137**

Mailing Address

**641 SABAL PALM RD.
 MIAMI FL 33137**

2. Principal Place of Business

11077 Biscayne Blvd

3. Mailing Address

641 SABAL Palm Rd

Suite, Apt. #, etc.

Suite #100

Suite, Apt. #, etc.

Miami

City & State

Miami - FL

City & State

FL

4. FEI Number

65-100 3425

Applied For

Not Applicable

Zip

33161

Country

DAOE

Zip

33137

Country

Dade

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHERNYS, GRISELLE C
 641 SABAL PALM RD.
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

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, 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

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	CHERNYS, GRISELLE C	
STREET ADDRESS	641 SABAL PALM RD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHERNYS, GRISELLE C	
STREET ADDRESS	641 SABAL PALM RD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	GRISELLE CHERNYS	<input type="checkbox"/> Delete
NAME	641 Sabal Palm Rd.	
STREET ADDRESS	MIAMI FL 33137	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VICE President / Secretary	<input type="checkbox"/> Delete
NAME	EINDAR Khant	
STREET ADDRESS	5662 SW 1 Court	
CITY-ST-ZIP	Plantation, FL	
TITLE	33317	<input type="checkbox"/> Delete
NAME	VICE President / Treasurer	<input type="checkbox"/> Delete
STREET ADDRESS	Vivian de Feliz	
CITY-ST-ZIP	9156 Collins Av # 101	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 of such a report is true and accurate to the best of my knowledge and belief, and that I am an officer or director of the corporation or the receiver of the estate 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: GRISSELLE Chernys **4/27/01** **893-5151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)