

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 am
Secretary of State

04-19-2002 90002 025 ***150.00

DOCUMENT # P00000040947

1. Entity Name

HEALTH STAFF CONSULTANTS, INC.

Principal Place of Business

**704 SW 17TH AVENUE
SUITE 4
MIAMI FL 33135**

Mailing Address

**704 SW 17TH AVENUE
SUITE 4
MIAMI FL 33135**

2. Principal Place of Business

**1871 Coral Way
Ste. 201**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL 33145

City & State

Zip

Country

Miami-Dade

Zip

Country

4. FEI Number

65-0992223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORTES, CLAUDIA
704 SW 17TH AVENUE
SUITE 4
MIAMI FL 33135**

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 fee 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CORTEZ, CLAUDIA	
STREET ADDRESS	704 SW 17TH AVE STE 4	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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 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

Date

Daytime Phone #

CR25024 (9/01)