

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074051

1. Entity Name  
HS1 ADMINISTRATIVE SERVICES, INC.

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90014 032 \*\*\*550.00

0067961 AV

Principal Place of Business  
1200 S. PINE ISLAND RD., SUITE 500  
FT. LAUDERDALE FL 33324

Mailing Address  
1200 S. PINE ISLAND RD., SUITE 500  
FT. LAUDERDALE FL 33324

UUU64068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1505 NW 167 STREET  
Suite, Apt. #, etc.  
SUITE 450  
City & State  
MIAMI FL  
Zip  
33169  
Country  
USA

3. Mailing Address  
1505 NW 167 STREET  
Suite, Apt. #, etc.  
SUITE 450  
City & State  
MIAMI FL  
Zip  
33169  
Country  
USA

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

RODRIGUEZ, ALBERTO A  
1200 BRICKELL AVE., SUITE 500  
FT. LAUDERDALE FL 33324

## 7. Name and Address of New Registered Agent

Name RODRIGUEZ, ALBERTO A  
Street Address (P.O. Box Number is Not Acceptable)  
1505 NW 167 STREET  
SUITE 450  
City MIAMI FL Zip Code 33169

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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	MOSQUERA, LUIS G	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
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	P D C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSQUERA, LUIS G	
STREET ADDRESS	1505 NW 167 STREET SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILOWICH, MARTIN	
STREET ADDRESS	1505 N.W. 167 ST. SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	V S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEAHY, ROBERT	
STREET ADDRESS	1505 N.W. 167 ST. SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	V D T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEARNEY, KRISTIN	
STREET ADDRESS	1505 N.W. 167 STREET SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELCHM, CHARLES M.D.	
STREET ADDRESS	1505 N.W. 167 STREET SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ALBERTO	
STREET ADDRESS	1505 N.W. 167 ST. SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	

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: LUIS MOSQUERA 9-11-01 305-614-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

#P00000074051

D0004008

Addition

12.

Additions/Changes to Officers and Directors in 11

Title V D  
Name Dalbery, Dean  
Street Address 1505 N.W. 167 Street Suite 450  
City-State-Zip Miami, FL 33169