## **FILED** May 01, 2002 8:00 am § Secretary of State

05-01-2002 91494 015 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P00000074051

**DOCUMENT #** 1. Entity Name

HS1 ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

1505 NW 167 STREET

Mailing Address

1505 NW 167 STREET

SUITE 450 MIAMI FL 33169		SUITE 450 MIAMI FL 33169						
2. Principal Place of Business		3. Mailing Address			!		il 08101 01101 11 <b>1</b> 1 1 <b>25</b> 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	4. FEI Number APPLIED FOR Applied For Not Applicable			
Zip	Country	Zip	Country	1			Not Applicable  5 Additional	
	6. Name and Address of Current F	edistered Agent		7	Fee Required 7. Name and Address of New Registered Agent			
		g	Name		Name and Address of New Regis	tered Agent		
RODRIGU	JEZ, ALBERTO A	<u></u>						
	167TH STREET	Street Address		Address (P.O. E	ss (P.O. Box Number is Not Acceptable)			
SUITE 45								
	.33169 №							
MINAMI FL	33109 3	City				FL Zip	p 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 ar	d title if applicable. (NOTE:	Registered Agent signs	ature required when re	einstating)	DATE		
9 This corp	oration is eligible to satisfy its Intangible				<u> </u>			
Tax filing	requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		550.00	10. Election Campaign Financi Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS /	12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIREC	CTORS IN 11	
TITLE	PDC	Delete	TITLE			☐ Ch		
NAME	MOSQUERA, LUIS G	, .	NAME	1			-	
STREET ADDRESS CITY-ST-ZIP	1505 NW 167 STREET SUITE 450		STREET ADDRESS	1				
<del></del>	MIAMI FL 33169		CITY-ST-ZIP					
TITLE NAME	VD	Delete	TITLE			☐ Ch	ange 🔲 Addition	
STREET ADDRESS	BILOWICH, MARTIN 1505 NW 167 STREET SUITE 450		NAME CIRCET ADDRESS				}	
CITY-ST-ZIP	MIAMI FL 33169		STREET ADDRESS CITY-ST-ZIP					
TITLE	VSD	Delete	TITLE	7 7	+ + 2	- Alleria		
NAME	LEAHY, ROBERT	L. Delete	NAME	ب المراجي ا	ROBERT I.W. 167 STREET	La Una	ange	
STREET ADDRESS	1505 NW 167 STREET SUITE 450		STREET ADDRESS	1505 1	I.W. 167 STREET	SuI	TE 430	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP	MEA	MI, FL 3316	9		
TITLE	VDT	☐ Delete	TITLE	7 (	7 . = 3 - 7 0	Cha	ange	
NAME	KEARNEY, KRISTIN		NAME				Ingo Addition	
STREET ADDRESS	1505 NW 167 STREET SUITE 450		STREET ADDRESS				{	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP	j				
TITLE	VD	Delete	TITLE	VSD	)	☐ Cha	ange Addition	
NAME .	WILHELM, CHARLES MD	•	NAME	DALBE	RY DEAN -	S. mer	450	
STREET ADDRESS	1505 NW 167 STREET SUITE 450	;	STREET ADDRESS	1505 N	W.164 OTREET -	MA/C	7-50	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP	MIAM	II, FC 33169			
TITLE	VD DODDICHEZ ALBEDTO	Delete	TITLE			Cha	ange 🔲 Addition	
NAME STREET ADDRESS	RODRIGUEZ, ALBERTO 1505 NW 167 STREET SUITE 450	-	NAME				ĺ	
CITY-ST-ZIP	MIAMI FL 33169		STREET ADDRESS					
2 V. Z.II			CITY-ST-ZIP	I				

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 five empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PROJED NAME O

SIGNING OFFICER OR DIRECTOR

Daytime Phone #