

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91494 015 ***150.00

DOCUMENT # P00000074051

1. Entity Name

HS1 ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

**1505 NW 167 STREET
 SUITE 450
 MIAMI FL 33169**

Mailing Address

**1505 NW 167 STREET
 SUITE 450
 MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1035164

APPLIED FOR

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
 1505 NW 167TH STREET
 SUITE 450
 MIAMI FL 33169**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PDC						
	MOSQUERA, LUIS G						
	1505 NW 167 STREET SUITE 450						
	MIAMI FL 33169						
	VD						
	BILOWICH, MARTIN						
	1505 NW 167 STREET SUITE 450						
	MIAMI FL 33169						
	VSD						
	LEAHY, ROBERT						
	1505 NW 167 STREET SUITE 450						
	MIAMI FL 33169						
	VD						
	KEARNEY, KRISTIN						
	1505 NW 167 STREET SUITE 450						
	MIAMI FL 33169						
	VD						
	WILHELM, CHARLES MD						
	1505 NW 167 STREET SUITE 450						
	MIAMI FL 33169						
	VD						
	RODRIGUEZ, ALBERTO						
	1505 NW 167 STREET SUITE 450						
	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 I am empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)