

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90292 026 ***150.00

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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
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ALBERTO A
1505 NW 167TH STREET
SUITE 450
MIAMI FL 33169**

Name **ROBERT LEAHY**
Street Address (P.O. Box Number is Not Acceptable)
**1505 N.W. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert J. Leahy* **ROBERT J. LEAHY** DATE **4.24.03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEAHY, ROBERT	
STREET ADDRESS	1505 NW 167 STREET SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	KEARNEY, KRISTIN	
STREET ADDRESS	1505 NW 167 STREET SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	DALBERY, DEAN	
STREET ADDRESS	1505 NW 167 STREET SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	
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	PD S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT LEAHY	
STREET ADDRESS	1505 N.W. 167 STREET SUITE 450	
CITY-ST-ZIP	MIAMI FL 33169	
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Leahy* **ROBERT J. LEAHY** DATE **4.24.03** DAYTIME PHONE # **305-614-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)