

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

DOCUMENT # P01000017581

1. Entity Name

HEALTH ADVICE INSURANCE BROKERS INC.



FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
03 OCT -9 PM 12:09

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2750 CORAL WAY

3. Mailing Address  
2750 CORAL WAY

Suite, Apt. #, etc.  
SUITE: 202

Suite, Apt. #, etc.  
SUITE: 202

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33145

Country  
US

Zip  
33145

Country  
US

4. FEI Number 65-1076030

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name MANUEL ENRIQUEZ

Street Address (P.O. Box Number is Not Acceptable)

2750 CORAL WAY SUITE: 202

City MIAMI

FL

Zip Code  
33145

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 *Manuel Enriquez*

10/08/03

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
(P) MANUEL ENRIQUEZ  
2750 CORAL WAY SUITE: 202  
MIAMI, FL 33145

TITLE  
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CITY-STATE-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Manuel Enriquez*

10/08/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/02)

# HEALTH ADVICE INSURANCE BROKERS INC.

TO WHOM IT MAY CONCERN:  
TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON' T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

*Manuel Enriquez*

MANUEL ENRIQUEZ  
PRESIDENT