

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90029 030 \*\*\*158.75

**DOCUMENT # P01000043065**

1. Entity Name  
**AMERICAN HEALTHLINK INSURANCE CORPORATION**

Principal Place of Business

18165 SW 29TH ST  
 MIRAMAR FL 33029

Mailing Address

18165 SW 29TH ST  
 MIRAMAR FL 33029

*\* Address has changed*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1479 SW 159 Terrace**

3. Mailing Address

**1479 SW 159 Terrace**

Suite, Apt. #, etc.

**Pembroke Pines, FL**

Suite, Apt. #, etc.

**Pembroke Pines, FL**

City & State

**33027**

Country

**USA**

**33027**

Country

**USA**

4. FEI Number

**65-1111207**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SARDUY, MICHEYLE A**  
**18165 SW 29TH ST**  
**MIRAMAR FL 33029**

*Last name has changed  
 + Address has changed  
 SAME PERSON ->*

7. Name and Address of New Registered Agent **Same Agent**

Name **Micheyle A. Carlini**

Street Address (P.O. Box Number is Not Acceptable)  
**1479 SW 159 Terrace**

**Pembroke Pines**

City **Pembroke Pines** FL Zip Code **33027**

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 **Micheyle A. Carlini M. Carlini**

**1-7-02**

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

TITLE **DP**  
 NAME **SARDUY, MICHEYLE**  
 STREET ADDRESS **18165 SW 29TH ST**  
 CITY-ST-ZIP **MIRAMAR FL 33029**

☐ Delete  
**CARLINI, Micheyle**  
**1479 SW 159 Terr.**  
**Pembroke Pines, FL 33027**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP - CORRECTION -**  
 NAME **Carlini, Micheyle**  
 STREET ADDRESS **1479 SW 159 Terrace**  
 CITY-ST-ZIP **Pembroke Pines, FL 33027**

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: **Micheyle A. Carlini** **1/7/02** **(954) 447-2522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)