

FILED
Jul 02, 2002 8:00 am
Secretary of State

04-29-2002 90132 033 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044961

1. Entity Name

HEALTH AID TOOLS, INC.

Principal Place of Business

P. O. BOX 826451
S. FLA FL 33082-6451

Mailing Address

P. O. BOX 826451
S. FLA FL 33082-6451

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-111741

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEZCANO, GENE
895 SW 172ND TERR.
PEMBROKE PINES FL 33029

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 not acceptable

(NOTE: Registered Agent Signature required when reappointing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

GENE LEZCANO
895 SW 172ND TERR
PEMBROKE PINES, FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)