

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000062256**

1. Entity Name
HEALTH TECH INTERNATIONAL INC

FILED

02 OCT 30 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16222 SW 18TH STREET
MIRAMAR FL 33027

Mailing Address

16222 SW 18TH STREET
MIRAMAR FL 33027

2. Principal Place of Business

16222 SW 18th Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Same

Zip

33027

Country

USA

Zip

33027

Country

USA



REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

4. FEI Number

65-1125766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEURANTIN, JEAN P

16222 SW 18TH STREET
MIRAMAR FL 33027

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Jean Fleurantin JEAN P FLEURANTIN PRES. 10/26/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	FLEURANTIN, JEAN P	
STREET ADDRESS	16222 SW 18TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUISSERETH, SERGO	
STREET ADDRESS	9601 FONTAINEBLEAU BLVD #312	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALTIDOR, JEAN R	
STREET ADDRESS	340 NE 160TH STREET	
CITY-ST-ZIP	NMB FL 33162	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/operation Mgr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary & VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Delete no longer with co.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	200008699312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10/30/02--01069--005 **750.00	
CITY-ST-ZIP		
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		

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:

[Signature] SIGNATURE REQUIRED

10/16/02 305 7868970489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)