

FILED

03 APR -7 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064100			
1. Entity Name HEALTH OPPORTUNITY TECHNICAL CENTER, INC.			
Principal Place of Business 111 NW 182RD STREET 402 MIAMI, FL 33169		Mailing Address 111 NW 182RD STREET 402 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
5. Name and Address of Current Registered Agent RANGE, WILLA D 3604 SW 165 AVE. MIRAMAR, FL 33027		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when existing) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$250.00 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CAROL	NAME	
STREET ADDRESS	8069 LAKE POINT COURT	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RANGE, WILLA D	NAME	
STREET ADDRESS	3604 SW 165 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MCKENZIE-FOSTER, SHEILA	NAME	
STREET ADDRESS	16523 SW 36TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 receiving 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: <i>Willia Range</i>		4/2/03 305/249-2275	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CDE034 (10/02)

2/4/1

**Tools for Change
Black Economic Development Coalition, Inc.
6015 N.W. 7th Avenue
Miami, FL 33127
305/751-8934**

April 2, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find **one** Amended Uniform Business Report (UBR), and **one** check for \$61.75 for filing fees for the following:

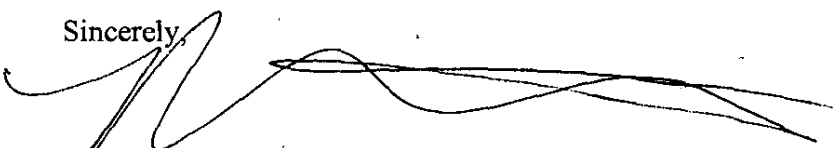
Company name	CK/MO#	Amount
1. HEALTH OPPORTUNITY TECHNICAL CENTER, INC.	6781	\$61.75

Please file the amendment for the above-named corporation and return correspondence to the following address:

ATTN: WILLA RANGE
Health Opportunity Technical Center, Inc.
111 NW 183rd Street
Suite #402
Miami, FL 33169

Please feel free to contact me with any further questions.

Sincerely,



Nicole S. Dandridge, Esq.
Staff Attorney