

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021917

1. Entity Name

CHALLENGE HEALTH NETWORK, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90136 004 ***150.00

Principal Place of Business

1314 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address

1314 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060-6745

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0446199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISKOWIC, MADELINE A
1314 EAST ATLANTIC AVE
POMPANO BCH FL 33060

7. Name and Address of New Registered Agent

Name

WATRY, THERESA

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

1314 EAST ATLANTIC

City

POMPANO BEACH

FL

Zip Code

33060

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MORRISON, KENNETH P	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIRA, RICHARD	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTGANG, KENNETH C	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
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	<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	
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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

954-946-2113

Daytime Phone #

CR2E034 (9/99)