

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90336 009 \*\*\*158.75

DOCUMENT # P95000041233

1. Entity Name

AMERICAN HEALTH PLAN ADMINISTRATORS, INC.

Principal Place of Business

2701 S.W. LEJEUNE ROAD  
SUITE 401  
CORAL GABLES FL 33134

Mailing Address

590 W 20ST  
HIALEAH FL 33010  
US

COU24973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0583926

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRACERAS, WILFRED  
600 W. 20TH ST.  
SUITE 401  
HIALEAH FL 33010

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 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BRACERAS, WILFRED  
STREET ADDRESS 600 WEST 20TH STREET  
CITY-ST-ZIP HIALEAH FL

TITLE ☒ Change ☐ Addition  
NAME PTSD  
STREET ADDRESS Braceras Wilfred  
CITY-ST-ZIP 600 West 20th Street  
Hialeah FL 33010

TITLE VP ☒ Delete  
NAME CORTINA, LESLIE  
STREET ADDRESS 600 W. 20TH ST.  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME ZAMORA, EDGARD  
STREET ADDRESS 600 W. 20TH ST.  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Wilfred Braceras* WILFRED BRACERAS, PRESIDENT (305)863-8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/01

Date

Daytime Phone #

CR2E034 (10/00)