

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90116 003 ***150.00

DOCUMENT # P95000045544

1. Entity Name

HEALTH NETWORK MARITIME, INC.

Principal Place of Business

**2600 DOUGLAS ROAD
 SUITE 710
 CORAL GABLES FL 33134
 US**

Mailing Address

**2600 DOUGLAS ROAD
 SUITE 710
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business

9100 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 1250

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Address

9100 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 1250

City & State

Miami, FL

Zip

33156

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0585622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CARUNCHO, JOSEPH L

2600 DOUGLAS ROAD

SUITE 710

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Caruncho, Joseph L

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

9100 S. Dadeland Blvd.

Suite 1250

City

Miami

FL

Zip Code

33156

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

Joseph L. Caruncho

1/22/02

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. ☐

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 **DP** ☐ Delete
 NAME **CARUNCHO, JOSEPH L**
 STREET ADDRESS **2600 DOUGLAS ROAD, SUITE 710**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SPD** ☒ Change ☐ Addition
 NAME **Caruncho, Joseph L.**
 STREET ADDRESS **13220 SW 83 Avenue**
 CITY-ST-ZIP **Miami, FL 33156**

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED

Joseph L. Caruncho

1/22/02

305-670-8445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/03/02 09:01