

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061285

1. Entity Name

HEALTHNET ADVISORS CORP.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90040 032 ***150.00

Principal Place of Business

4206 LAGUNA ST
CORAL GABLES FL 33146
US

Mailing Address

4206 LAGUNA ST
CORAL GABLES FL 33146-1801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0687911**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALAYETO, FRANCES
4206 LAGUNA ST
PENTHOUSE 8
CORAL GABLES FL 33146

Name **Enrique Viciano**

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

4206 Laguna St.

City **Coral Gables**

FL

Zip Code **33146-1801**

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 **Enrique Viciano**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BEZANILLA, MARIA | |
| STREET ADDRESS | 1211 GENOA ST | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA V. BEZANILLA

Date

Daytime Phone #

02-18-2000 305 441-9992

CR2E034 (9/99)