

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073493

1. Entity Name

EXECUTIVE HEALTHCARE SYSTEMS, INC.

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

04-22-2000 90065 021 ***150.00

Principal Place of Business

Mailing Address

% MANUEL N. ALVAREZ
6075 SUSET DR STE 303
S. MIAMI FL 33143

% MANUEL N. ALVAREZ
6075 SUSET DR STE 303
S. MIAMI FL 33143

2. Principal Place of Business

8735 SW 72 St

3. Mailing Address

8735 SW 72 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0710494

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

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

ALVAREZ, MANUEL N
6075 SUNSET DR STE 303
S. MIAMI FL 33143

Name

ESTHER ALVAREZ

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

8735 SW 72 St

City

MIAMI

FL

Zip Code

33173

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.

ESTHER ALVAREZ

(NOTE: Registered Agent signature required when reinstating)

4-15-00

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 ☐ Delete
NAME PSD
STREET ADDRESS ALVAREZ, ESTHER W
CITY-ST-ZIP 6373 S.W. 138TH PLACE
MIAMI FL 33183

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTHER ALVAREZ

Date

4-15-00

Daytime Phone #

(305) 275-1711

CR2E034 (9/99)