

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10f2

DOCUMENT # P97000009304

1. Entity Name

ANTAEUS HEALTH SERVICES CORP.

FILED

02 SEP 18 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

607 BIRD ROAD

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33146

Country

3. Mailing Address

607 BIRD ROAD

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33146

Country

4. FEI Number

65-0727518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

99-02

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARCOS RETA

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

607 BIRD ROAD

City

CORAL GABLES

FL

Zip Code

33146

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)

09/12, 02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	DP MARCOS RETA 607 BIRD ROAD CORAL GABLES, FL 33146
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/12, 02

Daytime Phone #

*Attachment
Doc. # P97000009304
20f2*

**ANTAEUS HEALTH SERVICES CORP.
607 BIRD ROAD
CORAL GABLES, FL 33146**

September 12, 2002

**DOC# P97000009304
FIN# 65-0727518**

FLORIDA DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

**WE ARE SENDING THE 2002 UNIFORM BUSINESS REPORT LATE
BECAUSE I NEVER RECEIVED IT BECAUSE I MOVE.**

**ENCLOSED YOU WILL FIND A CHECK FOR \$600.00 FOR 1999, 2000, 2001
AND 2002. PLEASE WAIVE THE CHARGES.**

SINCERELY YOURS,

[Signature]
Antaeus Health Services Corp.
PE renewal corp.

**MARCOS RETA
PRESIDENT**