

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037132

1. Entity Name

HEALTH EDUCATION RESOURCE SERVICE, INC.

FILED

May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90114 001 \*\*\*150.00

Principal Place of Business

Mailing Address

6151 MIRAMAR PKWY  
SUITE 221  
MIRAMAR FL 33023  
US

6712 SW 34 CT  
MIRAMAR FL 33023-4840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6151 MIRAMAR PARKWAY  
Suite, Apt. #, etc.  
221

Suite, Apt. #, etc.

City & State  
MIRAMAR FLORIDA

City & State

4. FEI Number 65-0749684

Applied For  
Not Applicable

Zip 33023 Country BROWARD

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GERDA  
6712 SW 34 CT  
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name GERDA WILLIAMS  
Street Address (P.O. Box Number is Not Acceptable)  
6712 SW 34 CT  
City MIRAMAR FL Zip Code 33023

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 Gerda Williams

4/20/00

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 D  
NAME WILLIAMS, GERDA  
STREET ADDRESS 6712 SW 34 CT  
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

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  
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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

Date

Daytime Phone #

CR2E034 (9/99)