

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**  
 03-12-2001 90460 023 \*\*\*150.00

ADD31128

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000031301.** ✓ ✓

1. Entity Name  
 HEALTH CAREERS Institute ✓

Principal Place of Business Mailing Address  
 4047 Okeechobee Blvd # 224  
 WPB FL 33409

2. Principal Place of Business 3. Mailing Address  
 HEALTH CAREERS Institute 4047 Okeechobee Blvd  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 # 224  
 City & State City & State  
 WEST PALM Bch FL.  
 Zip Country Zip Country  
 33409 USA


6. Name and Address of Current Registered Agent  
 NATHALIE GRANT  
 5637 BASIL Dr  
 WPB FL 33415

4. FEI Number Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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  DATE 3/1/01  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
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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:  NATHALIE GRANT 3/1/01 561-615-9901  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)