

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90019 012 ***150.00

DOCUMENT # P98000036948

1. Entity Name
BSA HEALTH 1 ST INC.

Principal Place of Business
5520 TAMBERLINE CIRCLE
APT 309
WEST PALM BEACH FL 33410

Mailing Address
5520 TAMBERLINE CIRCLE
APT 309
WEST PALM BEACH FL 33410

2. Principal Place of Business
207 Cypress Point Drive

3. Mailing Address
207 Cypress Point Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm Beach Gardens

City & State
Palm Beach Gardens

Zip
33418

Country
FL.

4. FEI Number **65-0845580** ☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ELBLONK, IRA
1030 LAKE AVE, STE.C
LAKE WORTH FL 33460

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 _____ (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, 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		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHART, MANFRED		NAME	Reichart, Manfred	
STREET ADDRESS	1430 SO. LAKESIDE DR., APT. 23		STREET ADDRESS	207 Cypress Point Drive	
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHART, CHRISTINE		NAME	Reichart, Christine	
STREET ADDRESS	1430 SO. LAKESIDE DR., APT. 23		STREET ADDRESS	207 Cypress Point Drive	
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 **April 10, 2001** (561) 630-3097
 Daytime Phone #

CR2E034 (10/00)