

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039715

1. Entity Name

HEALTHCARE SERVICES OF AMERICA, INC.

FILED

Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90035 050 ***150.00

Principal Place of Business

18331 PINES BLVD

~~STE 144~~
PEMBROKE PINES FL 33029
US

Mailing Address

18331 PINES BLVD

~~STE 144~~
PEMBROKE PINES FL 33029-1413
US

2. Principal Place of Business

1042 SW 156 Ave.

~~PEMBROKE PINES FL 33029~~

PEMBROKE PINES FL

Zip
33027

Country
USA

3. Mailing Address

Suite, Apt. #, etc
PMB #144

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0837081

Applied For

Not Applicable

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

RAPOPORT, ALLEN J
999 PONCE DE LEON BLVD. #1110
CORAL GABLES FL 33134

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LOPEZ, AMERICA
1042 SW 156 AVE.
PEMBROKE PINES FL 33027 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

America Lopez
President

Date

Daytime Phone #

CR2F034 (9/99)