

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90115 037 \*\*\*150.00

**DOCUMENT # P98000058948**

1. Entity Name

**HEALTH EXPRESS USA, INC.**

Principal Place of Business

1901 WEST CYPRESS CREEK ROAD  
 SUITE 100  
 FORT LAUDERDALE FL 33309

Mailing Address

1901 WEST CYPRESS CREEK ROAD  
 SUITE 100  
 FORT LAUDERDALE FL 33308-4429

2. Principal Place of Business

**275 COMMERCIAL BLVD.**  
 Suite, Apt. #, etc.  
**SUITE 260**

3. Mailing Address

**275 COMMERCIAL BLVD.**  
 Suite, Apt. #, etc.  
**SUITE 260**

City & State

**LAUDERDALE BY THE SEA FL.**

City & State

**LAUDERDALE BY THE SEA FL.**

Zip

**33308**

Country

**BROWARD**

Zip

**33308**

Country

**BROWARD**

4. FEI Number

**65-0847995**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>D'ALONZO, MARCO</b> <b>1901 WEST CYPRESS CREEK ROAD</b> <b>FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BAKER, DOUGLAS</b> <b>1901 W. CYPRESS CREEK RD</b> <b>FT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <del>PD</del> <b>D'ALONZO, MARCO</b> <b>275 COMMERCIAL BLVD # 260</b> <b>LAUDERDALE BY THE SEA FL. 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>BAKER, DOUGLAS</b> <b>275 COMMERCIAL BLVD. # 260</b> <b>LAUDERDALE BY THE SEA FL. 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

**DOUGLAS BAKER**

**1-13-2000**

**954-776-5401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)