

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90234 029 ***150.00

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1. Entity Name
HEALTH EXPRESS USA, INC.



Principal Place of Business
**275 COMMERCIAL BLVD
SUITE 260
FORT LAUDERDALE FL 33308**

Mailing Address
**275 COMMERCIAL BLVD
SUITE 260
FORT LAUDERDALE FL 33308**



2. Principal Place of Business

1761 W. Hillsboro Blvd

Suite, Apt. #, etc.

SUITE 203

City & State
Deerfield Bch FL

Zip
33442

Country
USA

3. Mailing Address

1761 W. Hillsboro Blvd

Suite, Apt. #, etc.

SUITE 203

City & State
Deerfield Bch FL

Zip
33442

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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

**SARTORI, BRUNO
275 COMMERCIAL BLVD #260
LAUDERDALE BY THE SEA FL 33308**

7. Name and Address of New Registered Agent

Name
Marco D'Alonzo
Street Address (P.O. Box Number is Not Acceptable)
1761 W. Hillsboro Blvd
SUITE 203
Deerfield Bch FL 33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Marco D'Alonzo**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/8/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VTD** ☐ Delete
NAME **D'ALONZO, MARCO**
STREET ADDRESS **275 COMMERCIAL BLVD #260**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **PSD** ☐ Delete
NAME **BAKER, DOUGLAS**
STREET ADDRESS **275 COMMERCIAL BLVD #260**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D'Alonzo, Marco** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1761 W. Hillsboro Blvd S-203**
CITY-ST-ZIP **Deerfield Beach FL 33442**

TITLE **Baker, Douglas** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1761 W. Hillsboro Blvd S-203**
CITY-ST-ZIP **Deerfield Bch FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/8/03**

Daytime Phone # **954-570-5900**

CR2E034 (10/02)