

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074424

1. Entity Name

HEART ATTACK, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90301 001 ***150.00

Principal Place of Business

Mailing Address

5802 SUNSET DRIVE
SOUTH MIAMI FL 33143

5802 SUNSET DRIVE
SOUTH MIAMI FL 33143-5220

2. Principal Place of Business

3. Mailing Address

16800 SW 96 St.

P.O. Box 161980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33157

Country

USA

Zip

33116-1980

Country

USA

4. FEI Number

65-0861839

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

WAKS, DEBORAH R ESQ.
9200 SOUTH DADELAND BOULEVARD
SUITE 700
MIAMI FL 33156

Name

Bonnie J. Hughey

Street Address (P.O. Box Number is Not Acceptable)

17601 SW 87 Ave.

City

Miami, FL

FL

Zip Code

33157

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

Bonnie J. Hughey

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RITTER, PATRICIA E	
STREET ADDRESS	5802 SUNSET DRIVE	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	James R. Ritter	<input type="checkbox"/> Delete
NAME	James R. Ritter	
STREET ADDRESS	6560 S.W. 96 ST.	
CITY-ST-ZIP	Miami, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. RITTER	
STREET ADDRESS	6560 S.W. 96 ST.	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia E. Ritter	
STREET ADDRESS	11305 SW 111 St.	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

James R. Ritter

Date

4/26/00 (305) 251-4777

Daytime Phone #

CR2E034 (9/99)