

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105122

1. Entity Name

HEALTH NETWORK 2000, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90198 042 ***150.00

Principal Place of Business

Mailing Address

~~4041 S.W. 5TH TERRACE~~
~~MIAMI FL 33134~~

6423 Collins Ave
Ave apt 1106
Miami Beach Fl 33141

~~4041 S.W. 5TH TERRACE~~
~~MIAMI FL 33134-2052~~

6423 Collins
apt 1106
Miami Beach Fl 33141



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0929626

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

MENENDEZ, MAYDA A
4041 S.W. 5TH TERRACE
MIAMI 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

TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MENENDEZ, MAYDA A	
STREET ADDRESS	4041 SW 5TH TERR	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ROSA M	
STREET ADDRESS	4041 SW 5TH TERR	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FERNANDEZ, EDDY	
STREET ADDRESS	6423 COLLINS AVE, APT 1008	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MARTA E. MONTERO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13275 SW 104 Terr	
STREET ADDRESS	Miami Fl - 33186	
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

Date

Daytime Phone #

CR2E034 (9/99)