

2001 UNIFORM BUSINESS REPORT (UBR)

0596774

DOCUMENT # P99000019490

1. Entity Name

~~ATL JANITORIAL SERVICES INC.~~

PLEASE CHANGE NAME
ATTACHMENT ENCLOSED

Health Access of South Florida Inc

FILED

01 APR 30 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10389 SW 209TH LANE
MIAMI FL 33189

Mailing Address

PO BOX 970199
MIAMI FL 33197

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0899611

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DAVIS, RICHARD
10389 SW 209TH LANE
MIAMI FL 33189

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, 2001 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 P ☐ Delete
NAME DAVIS, RICHARD
STREET ADDRESS 10389 SW 209TH LANE
CITY-ST-ZIP MIAMI FL 33189

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

TITLE D ☒ Delete
NAME CORDOVEZ, NANCY
STREET ADDRESS 10389 SW 209TH LANE
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☐ Change ☒ Addition
NAME KAREN DAVIS
STREET ADDRESS 10389 SW 209 LN
CITY-ST-ZIP MIAMI, FL 33189

TITLE D ☒ Delete
NAME CORDOVEZ (ASS'T), JAMES
STREET ADDRESS 10389 SW 209TH LANE
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☐ Change ☒ Addition
NAME OLIVE DAVIS
STREET ADDRESS 10389 SW 209 LN
CITY-ST-ZIP MIAMI, FL 33189

TITLE D ☒ Delete
NAME GORDONEZ, JERRY
STREET ADDRESS 10389 SW 209 LANE
CITY-ST-ZIP MIAMI FL 33189

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

RICHARD DAVIS

Date

Daytime Phone #

04.10.2001

CR2E034 (10/00)