## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900037987  1. Entity Name HEALTHCARE SALES INC.					Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90267 026 ***150.00				
Principal Place of Business 1795 SW 3RD AVENUE MIAMI FL 33129		Mailing Address 1795 SW 3RD AVENUE MIAMI FL 33129			<b>.</b> v	UNIU	,		
2. Principal F	Place of Business	3. Mailing Address		v					
Suite, Apt	# etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta		City & State			4. F	4. FEI Number 65_0051260 Applied For			
Zip Country		Zip Country		<u> </u>	<del></del>	\$9.75	ot Applicable		
	6. Name and Address of Course	Domintour d & cont				Certificate of Status Desired	Fee Require		
	6. Name and Address of Current	Hegistered Agent	1	Name	7. N	lame and Address of New Regis	tered Agent		
RODRIGUEZ, AIZA 1795 SW 3RD AVÉNUE MIAMI FL 33129			-	Street Address (P.O. Box Number is Not Acceptable)					
ے استوانات ۔۔۔ گڑے ۔۔		City					FL Zip Cod	e	
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered (	office or register	rod ag	ont or both in the State of Florida	FL		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 200	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND		12.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
title Name Street Address City-St-Zip	D RODRIGUEZ, AIZA 1795 SW 3RD AVENUE MIAMI FL 33129	☐ Delete	TITLE NAME STREET AI CITY-ST-				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AG CITY-ST-		,		☐ Change	Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET AD CITY-ST-			***************************************	☐ Change	Addition	
TITLE NAME Street Adoress City-St-Zip		☐ Delete	TITLE NAME STREET AG CITY-ST-				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-2	i			☐ Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Change	Addition	
<ol> <li>I hereby control indicated of the corporate changed.</li> </ol>	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee ampo or on an attachment with an address, w	this filing bloes not qualify for t true and accurate and that my wered to execute this report a rith all other like empowered.	the exempti y signature is required	on stated in Se shall have the s by Chapter 607	ction 1 same le	19.07(3)(i), Florida Statutes. I furthing a leffect as if made under oath; the statutes; and that my name app	er certify that the in hat I am an officer ears in Block 11 or	or director Block 12 if	

**SIGNATURE:**