

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098742

1. Entity Name
UNIVERSAL HEALTH ONLINE, INC.

Principal Place of Business
1735 LANDS END ROAD
MANALAPAN FL 33462

Mailing Address
1735 LANDS END ROAD
MANALAPAN FL 33462

2. Principal Place of Business
1200 South Federal Highway
Suite, Apt. #, etc.
#202
City & State
Boynton Beach, FL
Zip
33435
Country
USA

3. Mailing Address
1200 South Federal Highway
Suite, Apt. #, etc.
#202
City & State
Boynton Beach, FL
Zip
33435
Country
USA

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90033 020 ***150.00

974881



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960192
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPATHEODOROU, ANDREAS
1735 LANDS END RD
MANALAPAN FL 33462

7. Name and Address of New Registered Agent

Name
Andreas Papatheodorou
Street Address (P.O. Box Number is Not Acceptable)
1200 South Federal Highway, Suite #202
City
Boynton Beach FL Zip Code
33435

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
Andreas Papatheodorou

DATE
4/28/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAPATHEODOROU, CHRISTOS 1735 LANDS END ROAD MANALAPAN FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, MARK 1735 LANDS END ROAD MANALAPAN FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAPATHEODOROU, ANDREAS 1735 LANDS END ROAD MANALAPAN FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUMELIOTIS, PAUL 1735 LANDS END ROAD MANALAPAN FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Andreas Papatheodorou, Andreas Papatheodorou

DATE
4/28/01

DAYTIME PHONE #
561-731-5881

0319450

CR2E034 (10/00)