

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90185 018 \*\*\*158.75

**DOCUMENT # J13534**

1. Entity Name

**INTERNATIONAL HEALTH & BUSINESS MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

10608 ORANGE GROVE DR.  
 TAMPA FL 33618

10608 ORANGE GROVE DR.  
 TAMPA FL 33618-3939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2708247**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANOUB, SAMIR N.**  
 10608 ORANGE GROVE DR.  
 TAMPA FL 33618

Name **NARGIS R. BANOUB**

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

**10608 ORANGE GROVE DR**

City

**TAMPA**

**FL**

Zip Code

**33618**

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

*Samir N. Banoob*

*Nargis R. Banoob*

**4/25/00**

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	BANOUB, SAMIR N.	
STREET ADDRESS	10608 ORANGE GROVE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	BANOUB, NARGIS R.	
STREET ADDRESS	10608 ORANGE GROVE DR.	
CITY-ST-ZIP	TAMPA FL 33618	
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	P. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMIR N. BANOUB	
STREET ADDRESS	10608 ORANGE GROVE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	V.P.S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARGIS R. BANOUB	
STREET ADDRESS	10608 ORANGE GROVE DR TAMPA	
CITY-ST-ZIP	FL 33618	
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:

*Samir N. Banoob* **SAMIR N. BANOUB**

**(813) 935-9183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRPF034 (9/99)