

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000007331

1. Entity Name

NATAL CARE INTERNATIONAL L.C.

FILED

01 APR 12 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
12000 Biscayne Blvd.  
Suite 214  
Miami, FL 33181

Mailing Address  
12000 Biscayne Blvd.  
Suite 214  
Miami, FL 33181

2. Principal Place of Business  
1920 E. Hallandale Beach Blvd.

3. Mailing Address  
1920 E. Hallandale Bch. Blvd.

Suite, Apt. #, etc.  
Suite 903

Suite, Apt. #, etc.  
Suite 903

City & State  
Hallandale Beach, FL

City & State  
Hallandale Beach, FL

Zip  
33009

Country  
USA

Zip  
33009

Country  
USA

4. FEI Number  
65-0960986

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Seidner, Harry  
12000 Biscayne Boulevard  
Suite 214  
Miami, FL 33181

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1920 East Hallandale Beach Boulevard  
Suite 903  
City Hallandale Beach FL Zip Code 33009

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

900004036129--8  
-04/20/01--01097--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MANAGER  
Seyper Corporation  
12000 Biscayne Blvd. Suite 214  
Miami, FL 33181

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MANAGER  
Seyper Corporation  
One Southeast Third Avenue Suite 2130  
Miami, FL 33131

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Harry Seidner*

Harry Seidner, President

954-456-1561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Seyper Corporation

Daytime Phone #

CR2E083 (11/00)