

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-27-2002 90069 012 ****61.25

DOCUMENT # N01000008789

1. Entity Name

FUTURISTIC ALLIED HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

91 NE 118TH ST.
NORTH MIAMI FL 33161

192 NE 124TH ST.
NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0581171

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

BONITTO, ESMIE
192 NE 124TH ST.
NORTH MIAMI FL 33161

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **Director**
STREET ADDRESS **ESMIE BONITTO, R.N.M.A.**
CITY-ST-ZIP **192 NE 124 ST**
NORTH MIAMI, FL 33161

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

TITLE ☐ Delete
NAME **T. Robert C. Washington, M.A.**
STREET ADDRESS **192 NE 124 ST**
CITY-ST-ZIP **NORTH MIAMI, FL 33161**

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

TITLE ☐ Delete
NAME **T. Angela T. Ramsingh-B.S.**
STREET ADDRESS **190 NE 135 ST**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ESMIE BONITTO **ESMIE BONITTO** 3/5/02 (305) 685-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)