

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90064 005 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N01326
 1. Entity Name
HONDURAS MEDICAL AID FOUNDATION OF FLORIDA INCOR

Principal Place of Business Mailing Address
4416 POINSETTIA AVE. **4416 POINSETTIA AVE.**
WEST PALM BEACH FL 33407 **WEST PALM BEACH FL 33407-3818**
US **US**

2. Principal Place of Business 3. Mailing Address
5839 WHIRLAWAY RD **5839 WHIRLAWAY RD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM BCH GARDENS FL 33418 **PALM BEACH GARDENS FL 33418**

4. FEI Number Applied For
59-2419886 Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BENDECK, OSCAR R
5839 WHIRLAWAY RD
PALM BEACH GARDENS FL 33418

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	SD BENDECK, TAUFICK E. MD. 4416 POINSETTIA AVE. WEST PALM BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARIE S BENDECK 1123 RAINWOOD CIR PALM BEACH GARDENS FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDECK, GLENN P. 8147 WEST LAKE DR. LAKE CLARKE SHORES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JASMIN B. MEAUX 111 E. PALMETTO PK ROAD BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENDECK, PHYLLIS E., RN 4416 POINSETTIA AVE. WEST PALM BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAUFICK E. BENDECK, MD 4416 POINSETTIA AVE WEST PALM BEACH FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENDECK, OSCAR R 5839 WHIRLAWAY RD PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PHYLLIS E. BENDECK 4416 POINSETTIA AVE WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDECK, MIRNA 5839 WHIRLAWAY RD PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MIRNA BENDECK 5839 WHIRLAWAY ROAD PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATRUNY, VICTORIA 3025 EMBASSY DR WEST PALM BEACH FL 33401	TITLE 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: _____ DATE: **3-23-2000** DAYTIME PHONE #: **561 626 9887**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)