

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # N01326

1. Entity Name
HONDURAS MEDICAL AID FOUNDATION OF FLORIDA INCORPORATE
D

Principal Place of Business 5839 WHIRLAWAY RD WEST PALM BEACH FL 33418 US	Mailing Address 5839 WHIRLAWAY RD WEST PALM BEACH FL 33418 US
---	---

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 59-2419886	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENDECK OSCAR R
5839 WHIRLAWAY RD

PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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 **04/16/2001**
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	
TITLE D <input type="checkbox"/> Delete	NAME BATRNY VICTORIA STREET ADDRESS 3025 EMBASSY DR CITY-ST-ZIP WEST PALM BEACH FL 33401
TITLE VD <input type="checkbox"/> Delete	NAME BENDECK MIRNA STREET ADDRESS 5839 WHIRLAWAY ROAD CITY-ST-ZIP PALM BEACH GARDENS FL 33418
TITLE D <input type="checkbox"/> Delete	NAME BENDECK PHYLLIS E STREET ADDRESS 4416 POINSETTA AVE CITY-ST-ZIP WEST PALM BEACH FL 33407
TITLE D <input type="checkbox"/> Delete	NAME BENDECK TAUFICK EMD STREET ADDRESS 4416 POINSETTA AVE CITY-ST-ZIP WEST PALM BEACH FL 33407
TITLE D <input type="checkbox"/> Delete	NAME BENDECK, GLENN P. STREET ADDRESS 8147 WEST LAKE DR. CITY-ST-ZIP LAKE CLARKE SHORES FL
TITLE SD <input type="checkbox"/> Delete	NAME BENDECK, TAUFICK E. MD. STREET ADDRESS 4416 POINSETTA AVE. CITY-ST-ZIP WEST PALM BCH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MIRNA BENDECK V **04/16/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)